

Name
in
Full

Peter Adamo.

CERTIFICATE OF DEATH

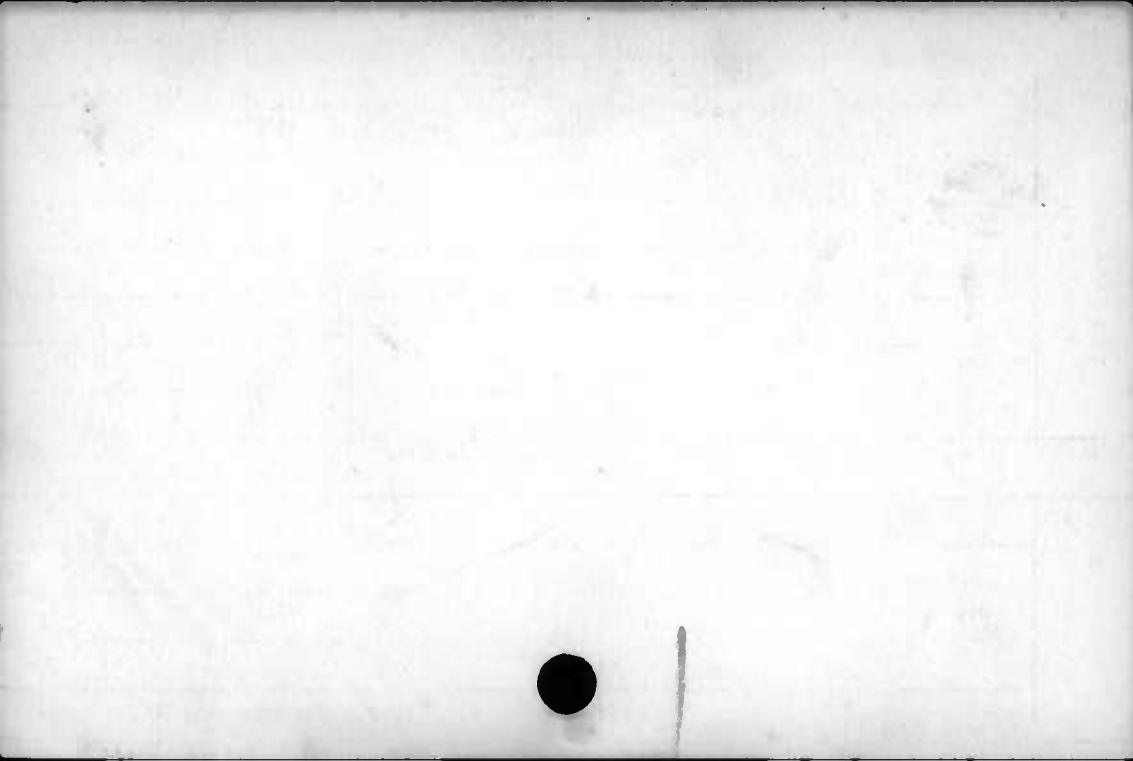
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> Town		<i>Allegany</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>11</i>	Day <i>19</i>	Age <i>45</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>unknown</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>unknown</i>		Name of Wife or Husband <i>unknown</i>			
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>G. I. Butler</i>		How related to deceased <i>undertaker</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Railroad Accident</i>	How long <i>20 hours</i>
Immediate <i>Accident Head Injury</i>	How long <i>20 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. B. Hoile M.D.</i>
	Address <i>270. Mechanics St Cumberland Dn</i>
Accident or Suicide? <i>accident</i>	



Name
in
Full

John Beach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

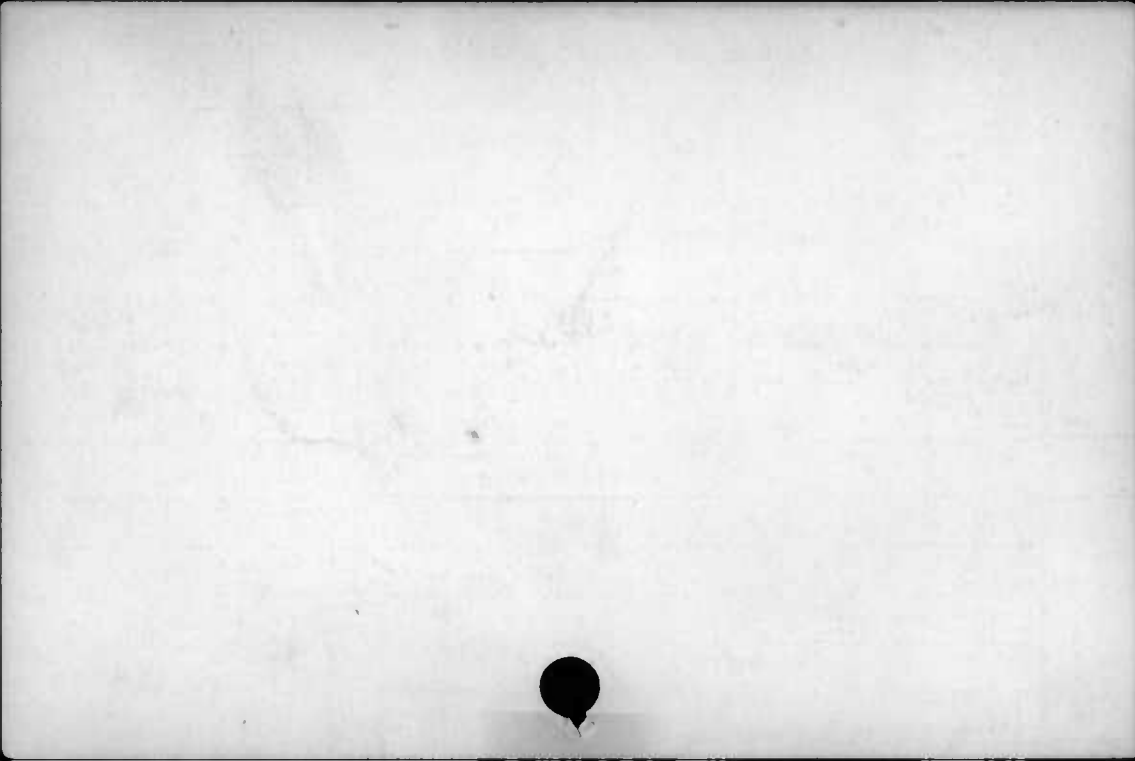
Died at ^{Town} <i>Cumberland</i> ^{County} <i>Alligany</i>		MARYLAND	
Date of death 90	Month <i>Nov</i>	Day <i>24</i>	Age <i>65</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth place <i>England</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>Miner</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Unknown</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Peter Wilson</i>	How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia acute</i>	How long <i>3 days</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. T. [illegible]</i>
	Address <i>Cumberland, Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Edalynn Elsie Biskamp

Town *Cumberland* County *Alleghany* MARYLAND

Died at *Cumberland*

Date of death *1907* Month *11* Day *5* Age *3* Years *3* Months *3* Days *3*

Sex *Female* Color or Race *White* Birth-place *Cumberland*

Occupation *Infant* Where Residing if not at place of death *Cumberland*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Edgar Biskamp* Father's Birthplace *W. Va*

Mother's Maiden Name *Eva Montgomery* Mother's Birthplace *Md*

Name of person giving information *Eva Montgomery* How related to deceased *Mother*

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *4 days*

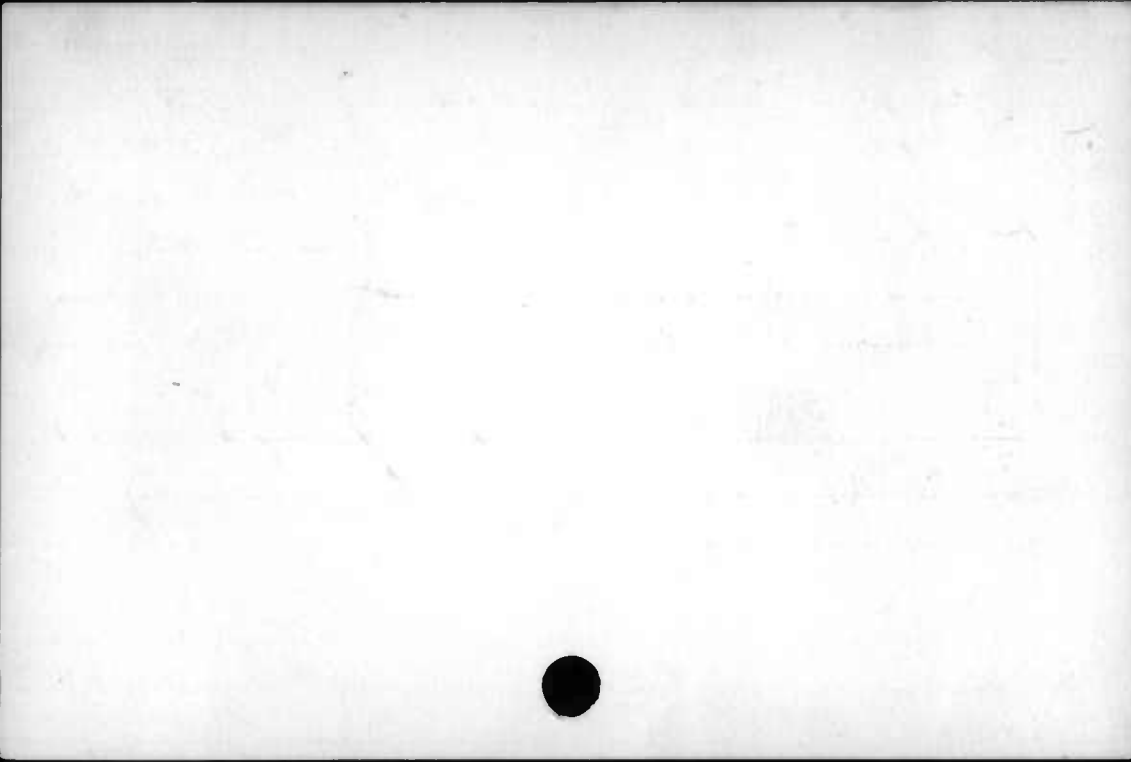
Immediate *Exhaustion* How long *2 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E. S. Duke*

Address *Cumberland Md*

Accident or Suicide?



Name
in
Full

Henry W Bowers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

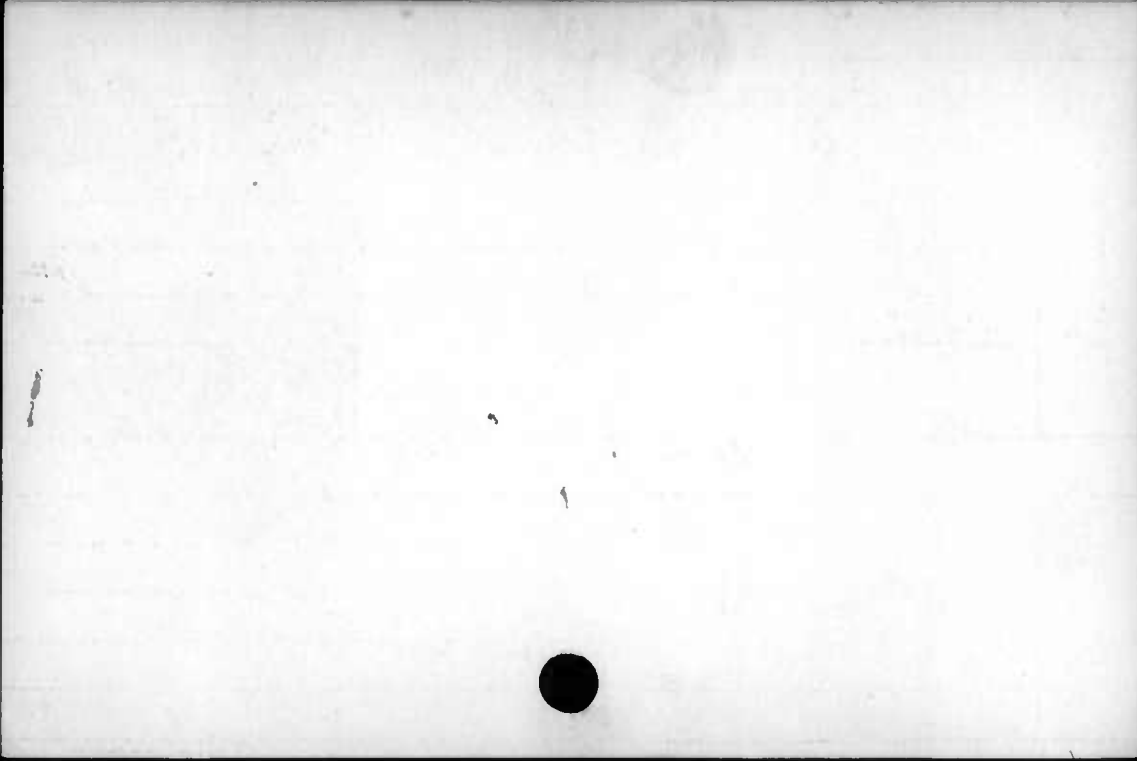
Died at <i>Town Creek</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1907	Month	November	Day	23
Age	69	Years		Months	
Sex	White Male	Color or Race	White	Birth-place	dont know
Occupation	Carpenter		Where Residing if not at place of death <i>Town Creek</i>		
Married, Single or Widowed	Widow	Name of Wife or Husband <i>dont know</i>			
Father's Name	<i>dont know</i>			Father's Birthplace	<i>dont know</i>
Mother's Maiden Name	<i>dont know</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>James Athey</i>			How related to deceased	<i>Non</i>

CAUSES OF DEATH

Primary	<i>suicide</i>	How long	<i>138</i>
Immediate	<i>to rowend</i>	How long	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>G. H. Matz</i>
		Address	<i>Cumberland</i>
			<i>md</i>
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

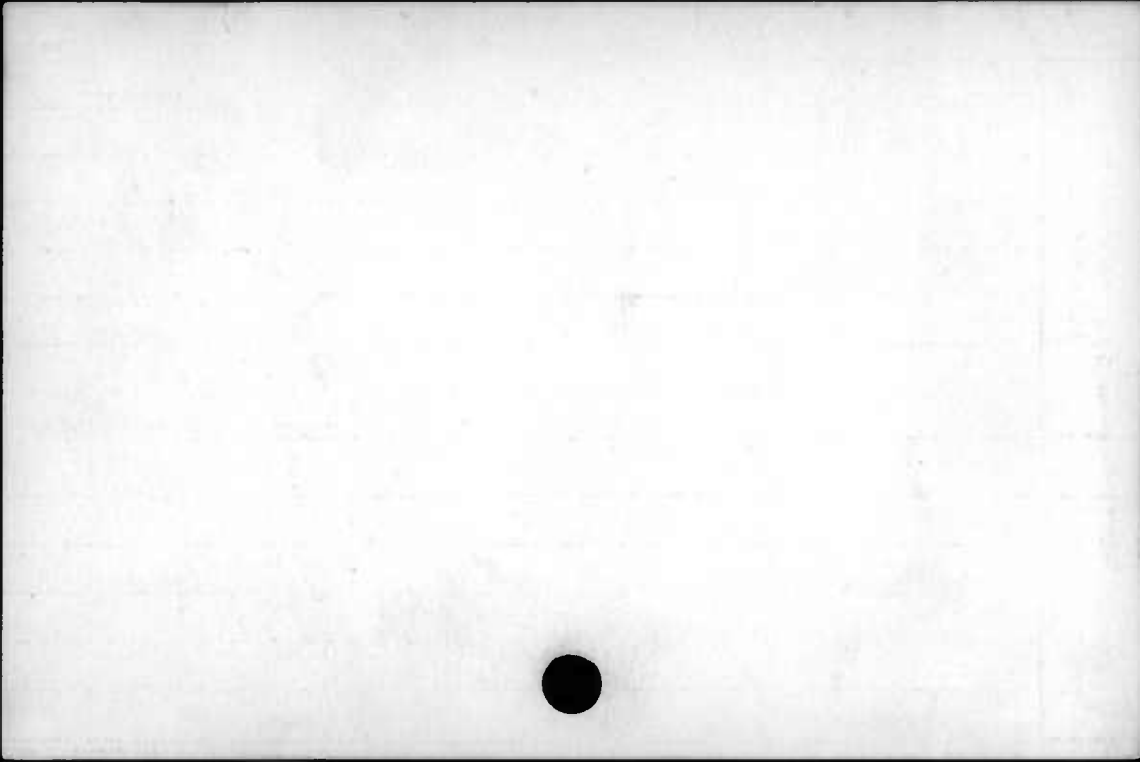
Died at <i>Timberland</i> Town		<i>Accugay</i> County		MARYLAND	
Date of death	1907	Month	11	Day	24
Age	70	Years		Months	
Sex	Male -	Color or Race	White	Birthplace	<i>Little Valley</i>
Occupation	<i>Local</i>		Where Residing if not at place of death <i>Timberland</i>		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Emma H. Brotemarkle</i>		
Father's Name	<i>Henry Brotemarkle</i>		Father's Birthplace <i>unknown</i>		
Mother's Maiden Name	<i>Sarah Seiss</i>		Mother's Birthplace <i>Westbury</i>		
Name of person giving information	<i>Emma H. Brotemarkle</i>		How related to deceased <i>Wife</i>		

CAUSES OF DEATH

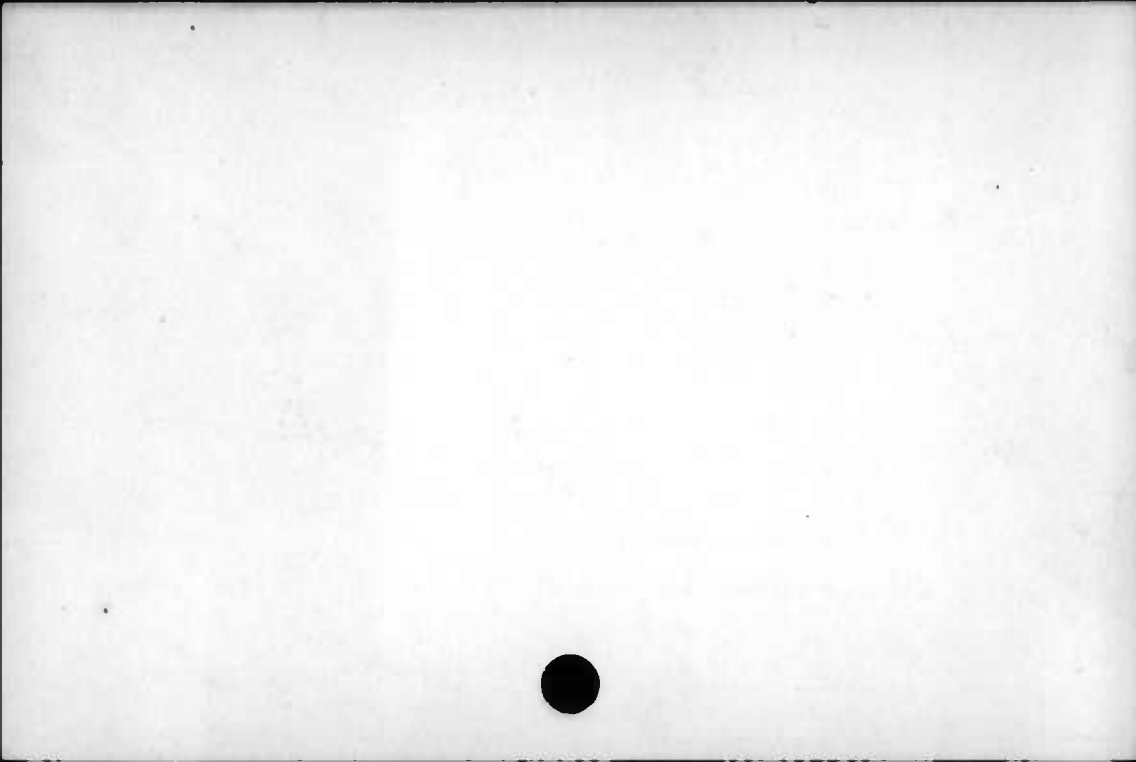
106

PHYSICIAN
OR CORONER

Primary	<i>Senile Dementia</i>	How long	<i>10 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. J. [illegible]</i>
		Address	<i>Timberland</i>
Accident or Suicide?			<i>No</i>



Name in Full		Archibald Cameron				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Lonaconing		County Allegany		MARYLAND	
	Date of death	1907	Month Nov	Day 12	Age 71	Years —	Months —
	Sex	Male		Color or Race	White		
	Occupation	Miner		Where Residing if not at place of death	Scotland		
	Married, Single or Widowed	Widower		Name of Wife or Husband	—		
	Father's Name	John Cameron		Father's Birthplace	Scotland		
	Mother's Maiden Name	Mary Douglas		Mother's Birthplace	"		
Name of person giving information	Robert Cameron		How related to deceased	Son			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">166</div>							
PHYSICIAN OR CORONER	Primary	Lying or hurt by fall from bridge				How long	
	Immediate	Pneumonic Pneumonia				How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
Accident or Suicide?		No		W. Q. Skilling M.D.		Lonaconing	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumtola</i>		County <i>Allegh.</i>		MARYLAND	
Date of death	1907	Month	<i>Nov</i>	Day	<i>25</i>	Age	<i>6</i> Months <i>who</i> Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Cumtola</i>
Occupation	<i>None</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>None</i>				
Father's Name	<i>Amos Coonrod</i>					Father's Birthplace	<i>Pa</i>
Mother's Maiden Name	<i>Emma</i>					Mother's Birthplace	<i>Pa</i>
Name of person giving information	<i>Amos Coonrod</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Inanition</i>	How long	<i>6 weeks</i>
Immediate	<i>Inanition</i>	How long	<i>6 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. H. Shair MD</i>
Address	<i>Pratt, Md</i>		<i>Cumtola, Md</i>
Accident or Suicide?			

Haley Sr.

Name
in
Full

Ernest Darrow.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

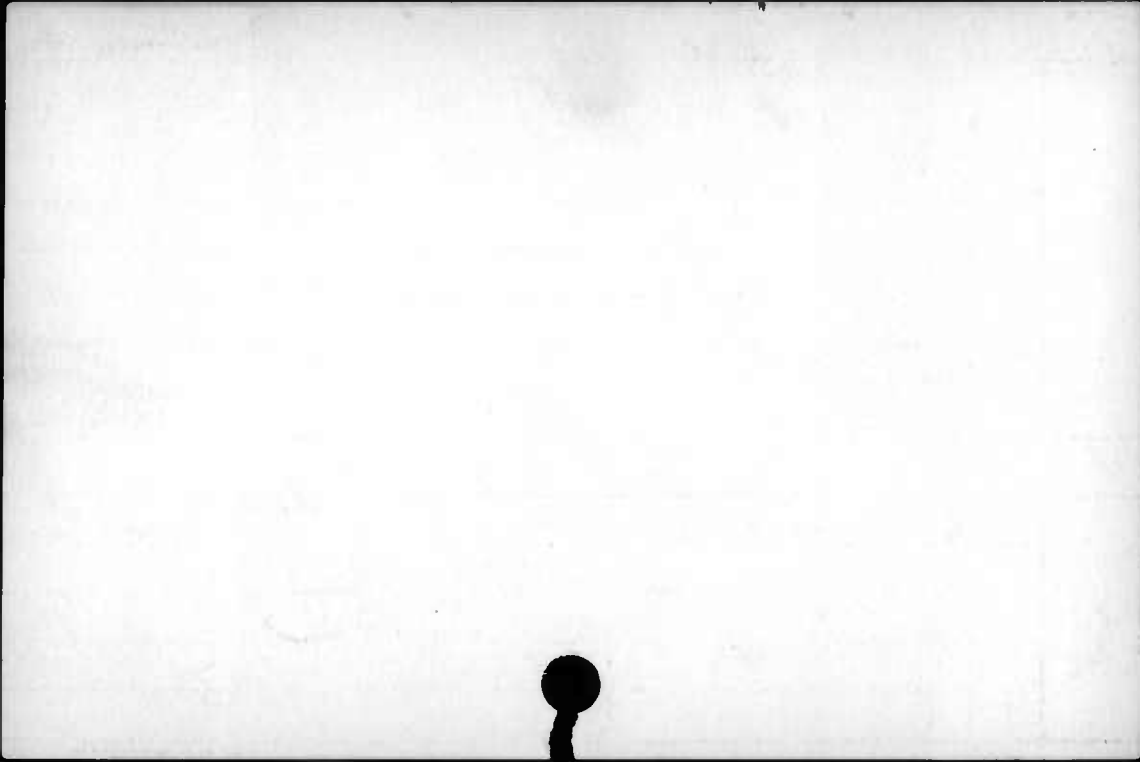
Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death		1907	Month 11	Day 8	Age 39	Years	Months —
Sex Male		Color or Race White		Birth- place Bradys Mills		Days —	
Occupation Local		Where Residing if not at place of death Cumberland					
Married, Single or Widowed Married		Name of Wife or Husband Gannie A. Darrow.					
Father's Name William Darrow.		Father's Birthplace Boston, Mass					
Mother's Maiden Name Mary G. Brady.		Mother's Birthplace Frankford Me					
Name of person giving In formation Chas Darrow.		How related to deceased Brother.					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary Grippe	How long 1 week.
Immediate Pneumonia	How long 6 days.
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician A. D. Laublin
Accident or Suicide?	Address Cumberland Ms



Name
in
Full

Adam Ebers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

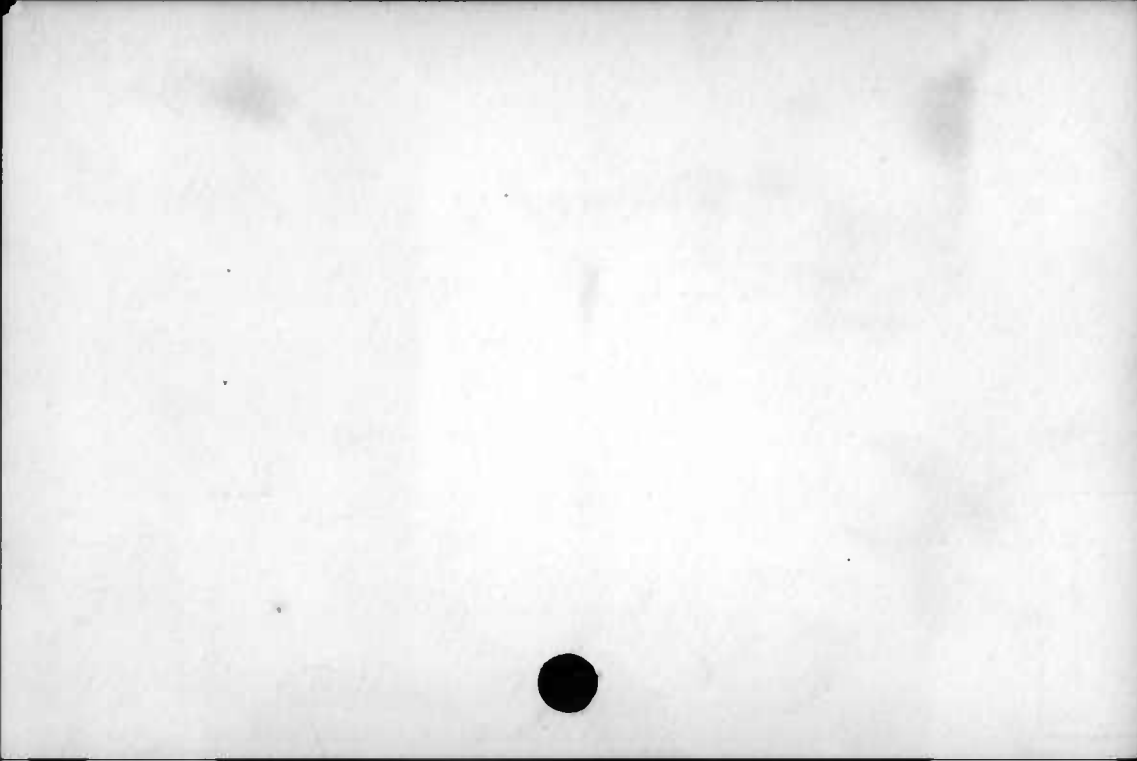
Died at		Cumberland		Alleg.		County	
Date of death		1907 Nov.		19		Age 70	
Sex		Male		Color or Race		White	
Occupation		Janitor of Church		Where Residing if not at place of death		Germany	
Married, Single or Widowed		Married		Name of Wife or Husband		Mary Ebers	
Father's Name		Do not know		Father's Birthplace		Do not know	
Mother's Maiden Name		"		Mother's Birthplace		"	
Name of person giving information		Edward Ebers		How related to deceased		Son	

CAUSES OF DEATH

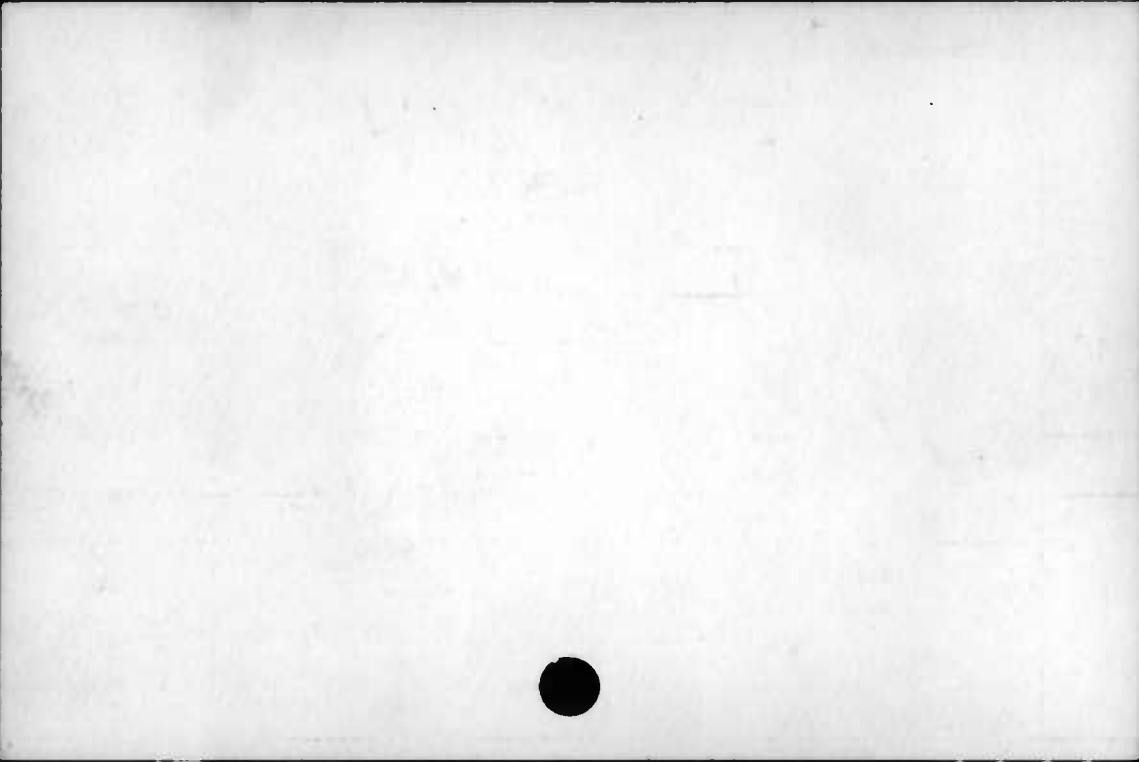
79

PHYSICIAN
OR CORONER

Primary	Organic heart trouble (mitral regurgitation)	How long	Some 2 months.
Immediate	Cardiac dilatation, acute	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	James J. Shivers, M.D.
		Address	Cumberland, Md.
Accident or Suicide?			



Name in Full		Town				County				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at Cumberland				Allegany				MARYLAND			
		Date of death 1907 Nov		Month 30		Day 30		Year 88		Months 5		Days	
		Sex Male				Color or Race white				Birth-place W. Va.			
		Occupation Ex Soldier - Pensioned						Where Residing if not at place of death —					
		Married, Single or Widowed married				Name of Wife or Husband Ann Catherine Riddy							
		Father's Name James Forman						Father's Birthplace W. Va.					
		Mother's Maiden Name Matilda Cook						Mother's Birthplace W. Va.					
PHYSICIAN OR CORONER		Name of person giving information Mrs Jos Cropsey						How related to deceased daughter					
		CAUSES OF DEATH										(79)	
		Primary Cardiac Lesion						How long several yrs.					
Immediate over excitement						How long 10 minutes							
Are the name, age, sex, color, date and place correctly given above? yes						Signature of Physician C. L. Owen M.D.							
						Address Cumberland Md.							
Accident or Suicide?													



Name
in
Full

CERTIFICATE OF DEATH

John Heegle

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Cumberland		Allegany			
Date of death	1907	Month	Nov.	Day	18
Age	72	Years		Months	
Sex	male	Color or Race	W. Int.	Birth-place	Pa.
Occupation	R-R. man		Where Residing if not at place of death		
Married, Single or Widowed	Married.		Name of Wife or Husband		
Sarah C. Heegle					
Father's Name	Jacob Heegle.		Father's Birthplace		
Dart. Know.					
Mother's Maiden Name	Dart. Know.		Mother's Birthplace		
Name of person giving information		Peter Heegle		How related to deceased	
		Son.			

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Cerebral Arteriosclerosis	How long	Second year
Immediate	Emphysema	How long	Five minutes
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
H. W. Hodgson		Address	
Hodgson		Cumberland, Md.	
Accident or Suicide?			



Name
in
Full

Margaret Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hoffman		County Allegheny		MARYLAND	
Date of death		1907	Month 11	Day 30	Age 70	Years	Months Days
Sex X.		Color or Race White		Birth- place Ireland			
Occupation House Work		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband Matthew Green					
Father's Name John Meehn		Father's Birthplace Ireland					
Mother's Maiden Name Don't know,		Mother's Birthplace Ireland					
Name of person giving In formation Thomas Green		How related to deceased Son					

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary	Carcinoma of face.	How long	10 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. W. M. Lane	
		Address Frostburg Md	
Accident or Suicide?			



Name
in
Full

Griminger

CERTIFICATE OF DEATH

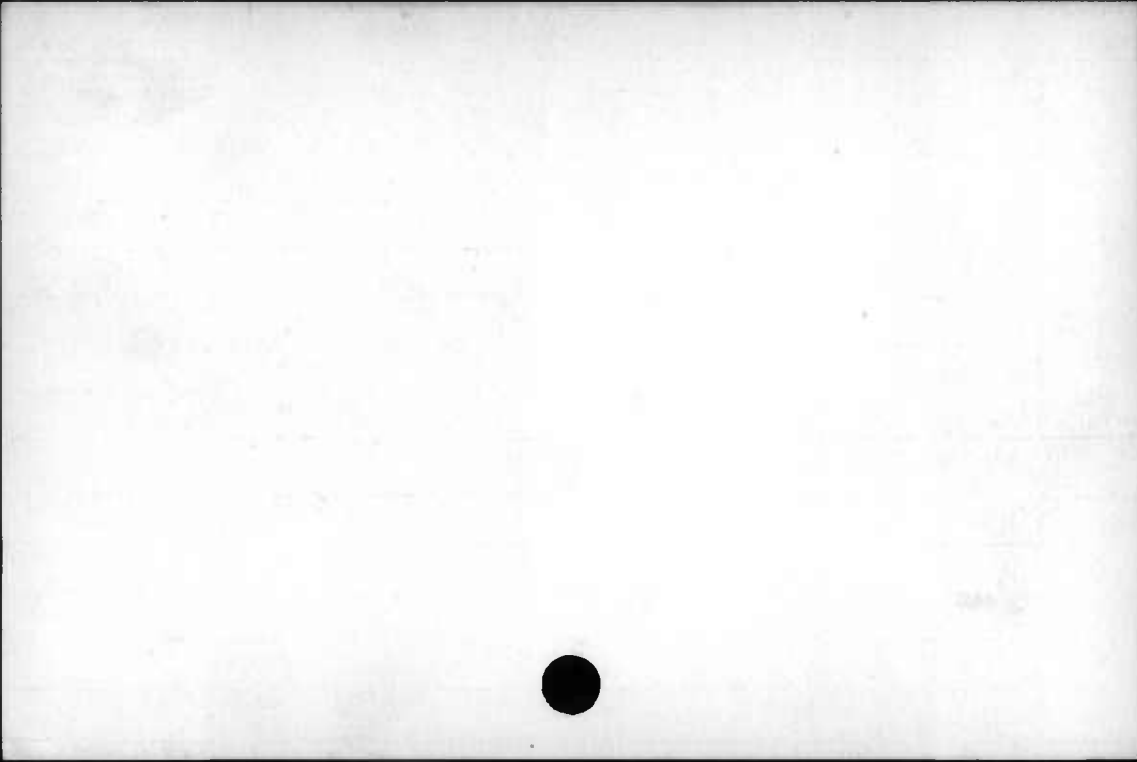
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov</u>	Day <u>6</u>	Age <u>0</u>	Years <u>0</u>	Months <u>0</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Cumberland Md</u>		
Occupation <u>Infant</u>		Where Residing if not at place of death <u>-</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Bernard Griminger</u>	Father's Birthplace <u>Cumberland Md</u>				
Mother's Maiden Name <u>Bertie McPenzie</u>	Mother's Birthplace <u>Cumberland Md</u>				
Name of person giving information <u>Mrs Sarah McPenzie</u>	How related to deceased <u>Grand mother</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still born</u>	How long <u>on</u>
Immediate <u>Still born (enveloped card - in presentation)</u>	How long <u>a few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>ye</u>	Signature of Physician <u>E. T. Duke</u>
	Address <u>Cumberland Md</u>
Accident or Suicide? <u>-</u>	



Name
in
Full

Wm H Haller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

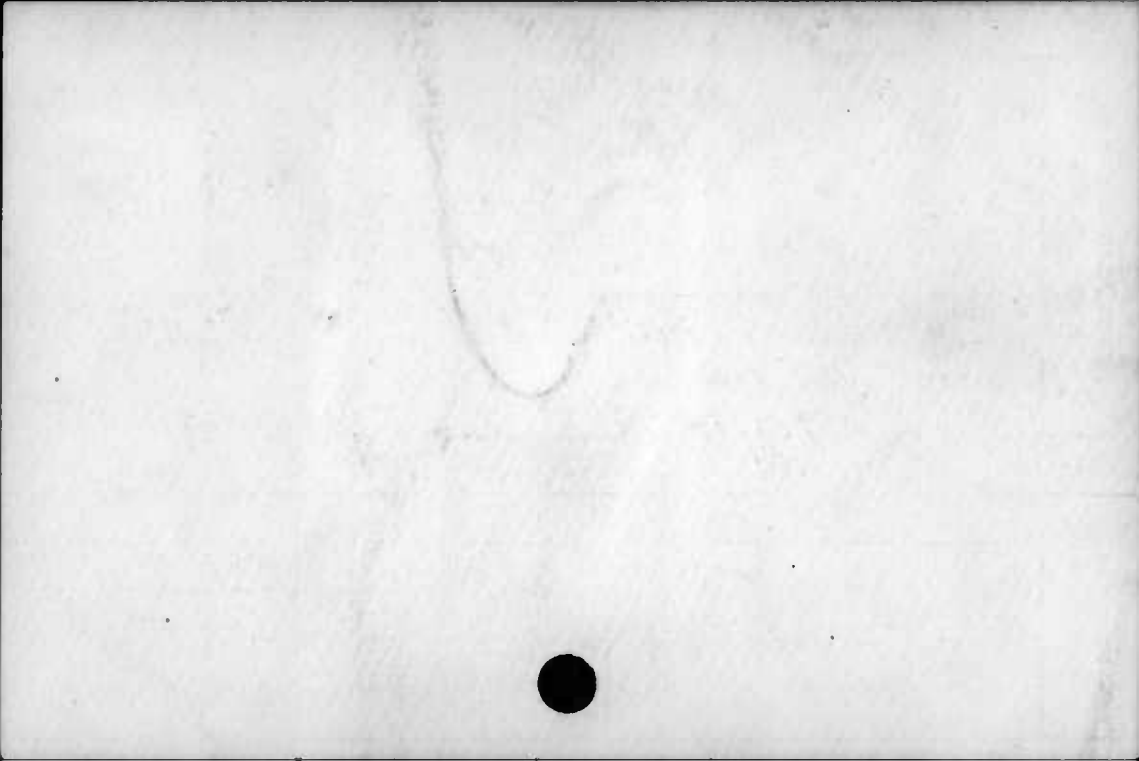
Died at		Town Cumberland		County Allegany.		MARYLAND	
Date of death	1907	Month Nov	Day 6	Age 89	Years 6	Months 6	Days
Sex	male		Color or Race	White		Birth- place	Fredrick Colma
Occupation	Butcher			Where Residing if not at place of death			
Married, Single or Widowed	Widower		Name of Wife or Husband	Mary Annie			
Father's Name	George Haller					Father's Birthplace	Do not know
Mother's Maiden Name	Minnie McKinnis					Mother's Birthplace	Do not know
Name of person giving In formation	Jennetta Haller					How related to deceased	Daughter

CAUSES OF DEATH

193

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	4 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Thos. M. Loebe
Yes		Address	Cumberland
J. Steen.			red
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Infant Jns Huntswick
Cumtland Allegany

MARYLAND

Died at *Cumtland* *Allegany*
Town County
Date of death *1907* *Nov* *17* *Age* *17* *Years* *Months* *Days*

Sex *Male* Color or Race *White* Birth-place *Cumtland Me*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *James Huntswick* Father's Birthplace *Me*

Mother's Maiden Name *May Slattery* Mother's Birthplace *Pa*

Name of person giving information *James Slattery* How related to deceased *Son*

CAUSES OF DEATH

157

Primary *Premature Birth* How long *2 1/2 mo*

Immediate _____
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. F. Davis*

Address *Cumtland Me*

Accident or Suicide? _____

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

255 Col Ave

Name
in
Full

Henry Hendra

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

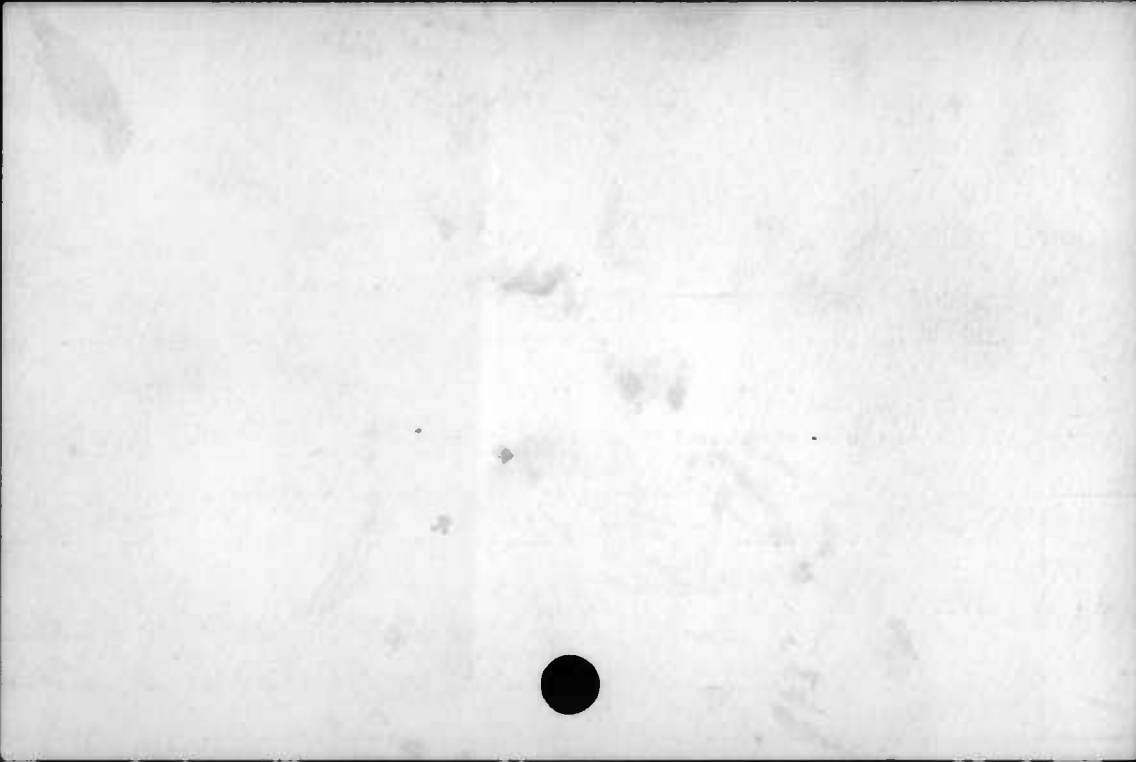
Died at <i>Lonaconing</i> Town			<i>Allegany</i> County			MARYLAND		
Date of death <i>1907</i>		Month <i>Nov.</i>	Day <i>22</i>	Age <i>70</i>	Years	Months	Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>England</i>				
Occupation <i>Miner</i>			Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Henry Hendra</i>						
Father's Name <i>Ralph Hendra</i>		Father's Birthplace <i>England</i>						
Mother's Maiden Name <i>Mary Harvey</i>		Mother's Birthplace <i>"</i>						
Name of person giving information <i>Eliza Wilson</i>		How related to deceased <i>Niece</i>						

CAUSES OF DEATH

1178

PHYSICIAN
OR CORONER

Primary <i>Heart failure</i>	How long
Immediate <i>Found dead in yard</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Macky-Coroner</i>
	Address <i>Lumberville</i>
Accident or Suicide? <i>no</i>	<i>Mid</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Henry Holzschu

Town

County

MARYLAND

Died at Cumberland

Allegheny

Date

Month

Day

Years

Months

Days

of death 1907

Nov

25

Age

48

4

5

Sex

Male

Color or
Race

White

Birth-
place

Cumberland

Occupation

Real Estate agent

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Mamie

Father's
Name

Charles L Holzschu

Father's
Birthplace

Germany.

Mother's
Maiden Name

Annie Marguerite Shilling

Mother's
Birthplace

Germany

Name of person giving
information

Chas. Holzschu

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Typhoid Fever

How long

2 weeks

Immediate

Nephritis

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

yes

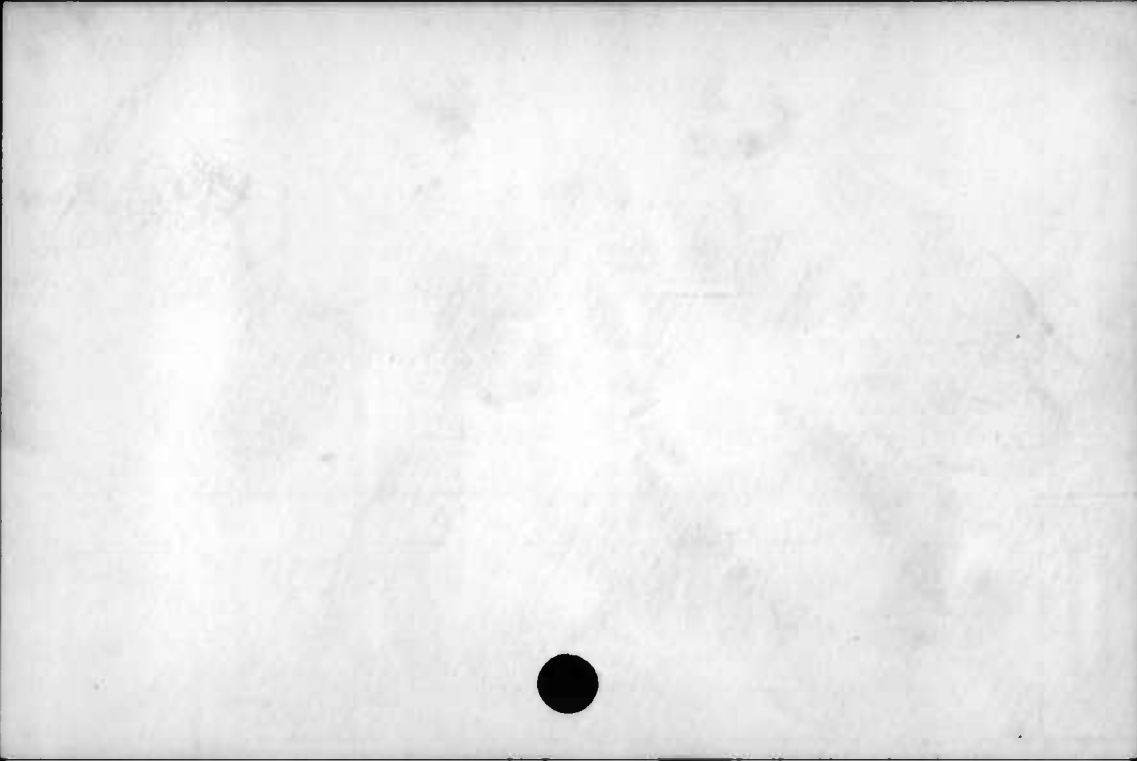
Signature of
Physician

James J. Johnson, M.D.

Address

Cumberland Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Salvatore Horsema</i>		Town <i>Montell's Mines</i>		County <i>Allegheny Co.</i>		MARYLAND	
Died at <i>Montell's Mines</i>		Month <i>11</i>		Day <i>22</i>		Age <i>11</i>	
Date of death <i>1907</i>		Month <i>11</i>		Day <i>22</i>		Years <i>11</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Montell's Mines</i>		Months <i>11</i>	
Occupation _____		Where Residing if not at place of death _____		Days <i>12</i>			
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name <i>Giordano Horsema</i>		Father's Birthplace <i>Italy</i>					
Mother's Maiden Name _____		Mother's Birthplace <i>Italy</i>					
Name of person giving information <i>Anthony Lewis</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>about 1 wk</i>
Immediate <i>Cardiac Inefficiency</i>	How long <i>same</i>
Are the name, age, sex, color, date and place correctly given above? <i>[initials]</i>	Signature of Physician <i>Jas C Holdsworth</i>
	Address <i>Ec Klark Mines Md.</i>
Accident or Suicide? <i>[initials]</i>	

Hafer

St. Michaels Comm

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant of Minnie Jones

Town

County

MARYLAND

Died at

Carm

Alle

Date

Month

Day

Years

Months

Days

of death

1907

Nov

29

Age

—

—

1

Sex

Male

Color or
Race

White

Birth-
place

Ind

Occupation

none

Where Residing if not
at place of death

Western Ind Hospital

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Fred Wagner

Father's
BirthplaceMother's
Birthplace

Ind

Mother's
Maiden Name

Minnie Jones

Name of person giving
In formation

Margaret Koenig

How related
to deceased

Nurse

CAUSES OF DEATH

Primary

Premature Birth

How long

Immediate

Premature Birth

How long

Are the name, age, sex, color, date
and place correctly given above?

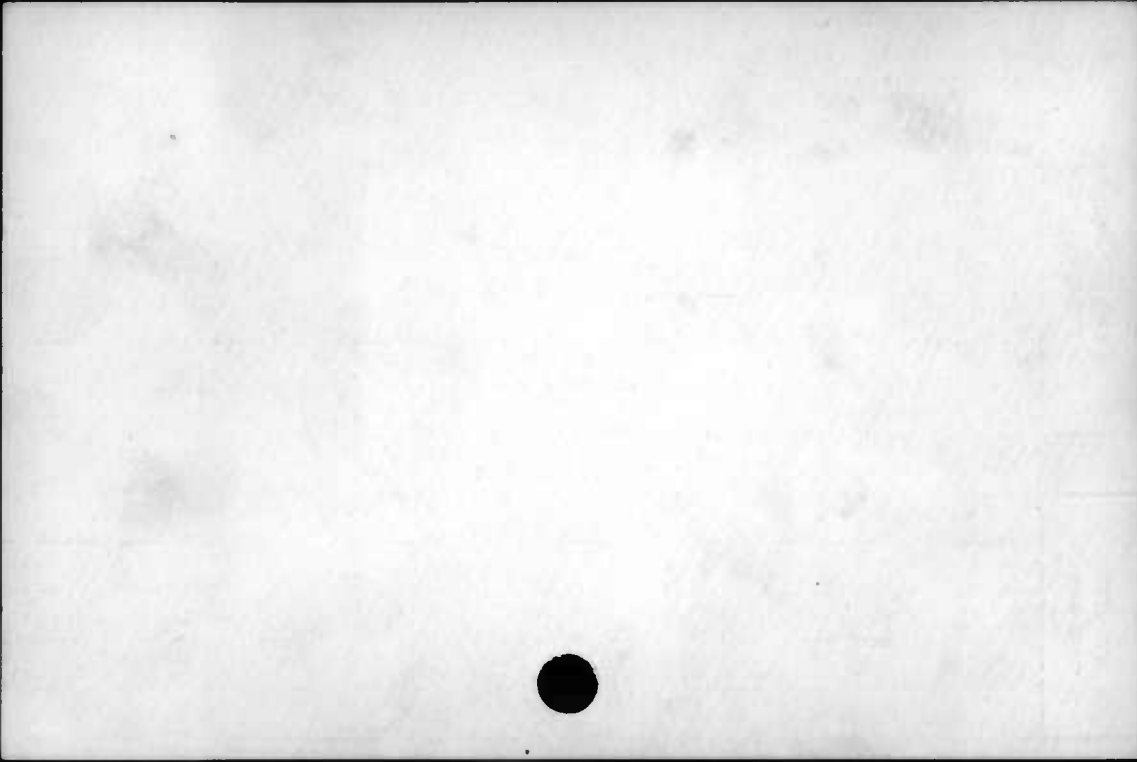
Yes

Signature of
Physician

Address

E H White
Cumberland Ind

Accident or Suicide?



Name
in
Full

Arromiston Jamison

CERTIFICATE OF DEATH

Town County
Died at Cumberland allgany
 Date of death 1907 Nov 3 allgany
 Month Day Years Months Days

MARYLAND

Sex Male Color or Race White Birth-place Rush, Md
 Occupation Farmer Where Residing if not at place of death Cumberland

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Francis Jamison

Father's Birthplace Montgomery Co

Mother's Maiden Name Alisa Kabinette

Mother's Birthplace allgany Co

Name of person giving information Miss Alisa Jamison

How related to deceased Sister

CAUSES OF DEATH

33

Primary Tuberculosis

How long 4 years

Immediate Exhaustion

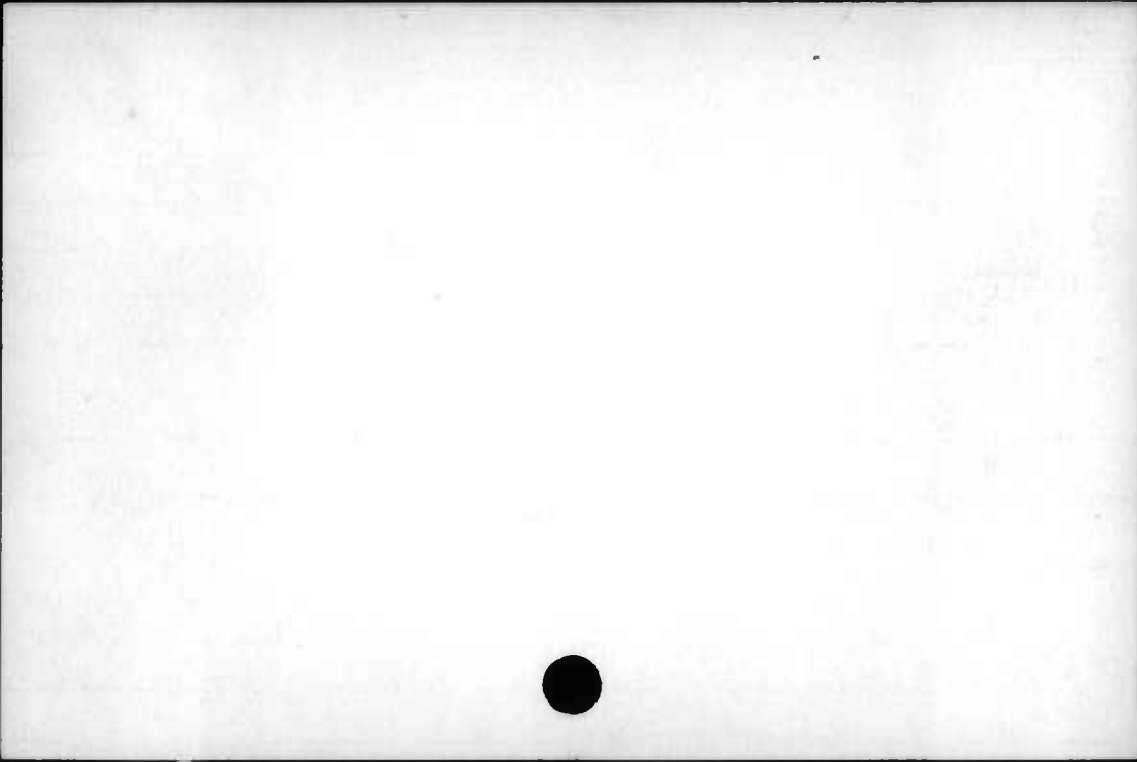
How long Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Thos. A. Town

Address Cumberland

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

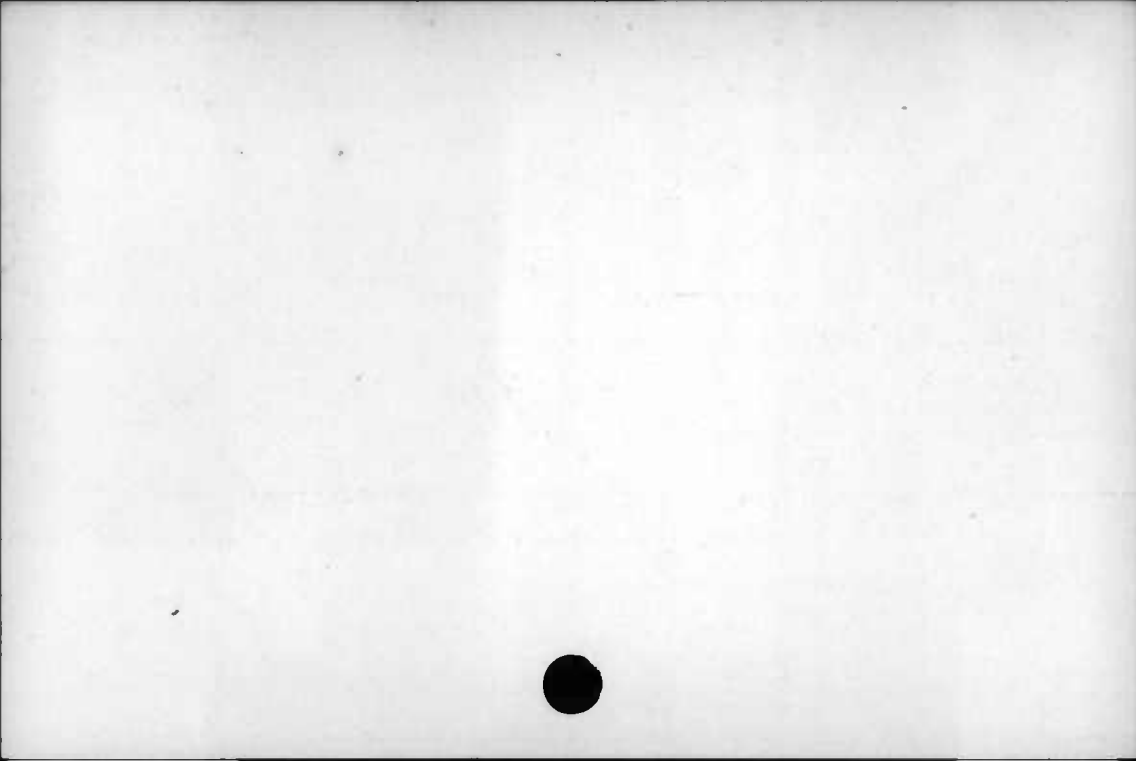
Name in Full <i>Charles E. Jones</i>		Town <i>Net Savage</i>		County <i>Albany</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1907</i>		Month <i>Nov</i>		Day <i>15</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>55</i>		Years <i>55</i>	
Occupation <i>Labrer</i>		Where Residing if not at place of death		Birth-place <i>M. Va.</i>		Months	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Horn</i>		Father's Name <i>Deane Jones</i>		Father's Birthplace <i>Dist. Va.</i>	
Mother's Maiden Name <i>Dist. Va.</i>		Name of person giving information <i>Dan'l Jones</i>		How related to deceased <i>Son</i>		Mother's Birthplace <i>Dist. Va.</i>	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<i>Measles Pneumonia</i>	How long	<i>2 weeks</i>
Immediate	<i>Heart Paralysis</i>	How long	<i>instant</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>F. Alton E. Murray M.D.</i>	
		Address <i>Net Savage, Md.</i>	
Accident or Suicide? <i>Accident</i>			



Name
in
Full

CERTIFICATE OF DEATH

John Randolph Kirby
Town *Eckhart* County *Allegheny*

MARYLAND

Died at *Eckhart*
Date of death *1907 Nov 9* Month *9* Day *9* Age *44* Years *8* Months *10* Days

Sex *M* Color or Race *White* Birth-place

Occupation *Miner* Where Residing if not at place of death

Married, *Single* Name of Wife or Husband *Hannah Kirby*

Father's Name *John Kirby* Father's Birthplace *Rawling State*

Mother's Maiden Name *Hannah Arbogast* Mother's Birthplace *4 4*

Name of person giving information *Bessie Kirby* How related to deceased *Daughter*

CAUSES OF DEATH

40

Primary *Carcinoma Liver & Spleen* How long *Nine Months*
Immediate *Exhaustion* How long *3 months*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Timothy Griffin*

Address *Frostburg Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hafer

Eckhart Cemetery

Name
in
Full

CERTIFICATE OF DEATH

Charles H. Knight

TO BE ANSWERED BY
NEAREST FRIEND

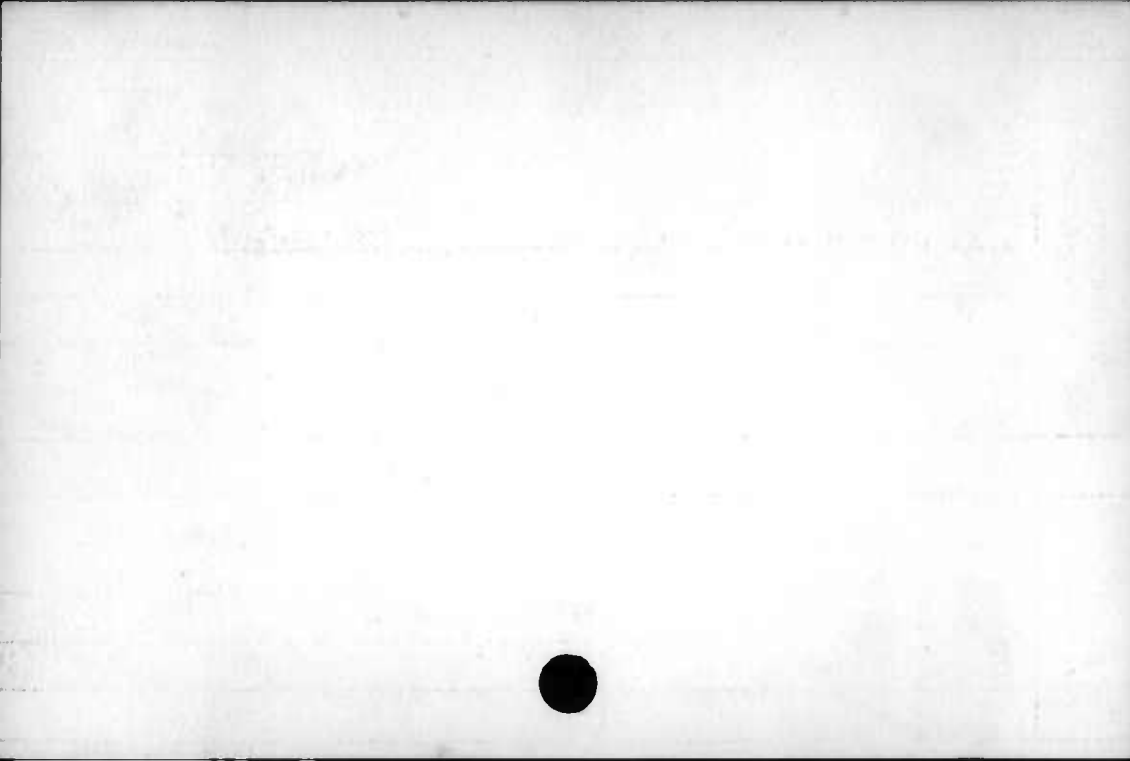
Died at <i>Cumtubland</i>		County <i>Allegany</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>15</i>	Age <i>15</i>	Years <i>3</i>	Months <i>3</i> Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cumtubland</i>			
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____			Name of Wife or Husband _____		
Father's Name <i>Howard Knight</i>			Father's Birthplace <i>Cumtubland</i>		
Mother's Maiden Name <i>Mildred Taylor</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Howard Knight</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Immature Birth</i>	How long <i>3 mo</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. F. Turgg</i>
Address <i>Cumtubland</i>	<i>MD</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Fannie Landert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Emmetsburg</i>		Town <i>Emmetsburg</i>		County <i>allcgay</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>11</i>	Day <i>29</i>	Age <i>72</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bohemia</i>				
Occupation <i>Wife</i>	Where Residing if not at place of death <i>—</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife Husband <i>David</i>						
Father's Name <i>Do not know</i>	Mother's Birthplace <i>Do not know</i>						
Mother's Maiden Name <i>Do not know</i>	How related to deceased <i>Husband</i>						
Name of person giving information <i>David Landert</i>							

CAUSES OF DEATH

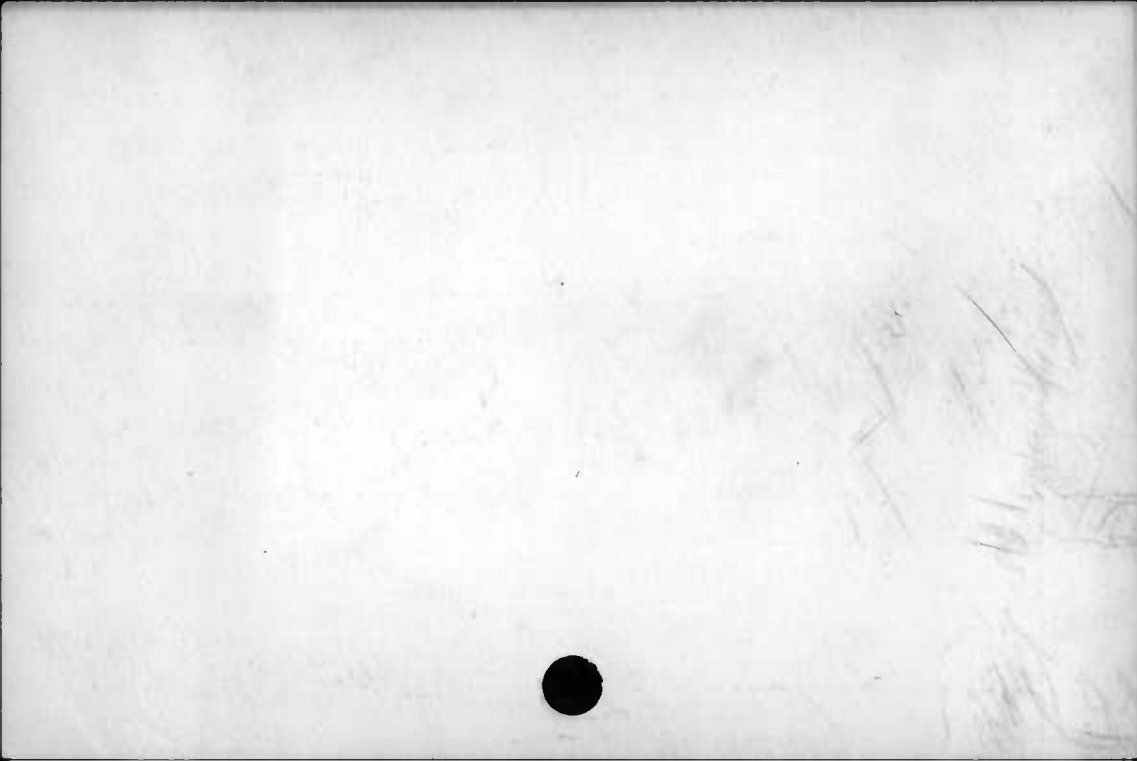
120

PHYSICIAN
OR CORONER

Primary <i>Interstitial Nephritis</i>	How long <i>1 yr</i>
Immediate <i>Nremias</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E.H. White</i>
<i>Stam</i>	Address <i>Emmetsburg, Md.</i>
Accident or Suicide?	



Name in Full		Certificate of Death			
Colly Lewis		TOWN Cumberland COUNTY			
Died at		MARYLAND			
Date of death		1907	Nov.	3	Age 62
Sex		Female	Color or Race	White	Birth-place
Occupation		Housekeeper	Where Residing if not at place of death		
Married, Single or Widowed		Single	Name of Wife or Husband		
Father's Name		Don't Know	Father's Birthplace		
Mother's Maiden Name		"	Mother's Birthplace		
Name of person giving information		John Lewis	How related to deceased		
		CAUSES OF DEATH			
Primary		Pneumonia			
Immediate		Exhaustion			
Are the name, age, sex, color, date and place correctly given above?		Yes			
Signature of Physician		J. F. Tigg			
Address		Cumberland, Md.			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Nov	26	Age about	52 years		
Sex	Male		Color or Race	White		Birth-place	Mineral Co W Va
Occupation	Laborer			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				6 J Hoffman		How related to deceased none	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Acute Pneumonia		How long	Four days
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	E. J. Hoffman
			Address	Keyser W Va
Accident or Suicide?				



Name
in
Full

Bessie Picken Love

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Smearing</i> Town			County <i>Allegheny</i>			MARYLAND		
Date of death		1907	Month	November	Day	12	Age	30
							Years	5
							Months	12
Sex		Female		Color or Race		White		Birth-place
Occupation		Housewife		Where Residing if not at place of death				Smearing-
Married, Single or Widowed		Married		Name of Wife Husband		Thomas Love		
Father's Name		John Picken		Father's Birthplace		Scotland		
Mother's Maiden Name		Elizabeth Bell		Mother's Birthplace		Scotland		
Name of person giving information		Mrs. Margaret Bell		How related to deceased		Aunt		

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

Primary	<i>Pernicious Anemia</i>	How long	<i>5 months -</i>
Immediate	<i>Exhaustion</i>	How long	<i>Some time</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>James C. Bullock M.D.</i>	
		Address	
		<i>Smearing Maryland</i>	
Accident or Suicide?		<i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Lawrence M^cCarty
Town *Cumberland* County *Alleghany*

MARYLAND

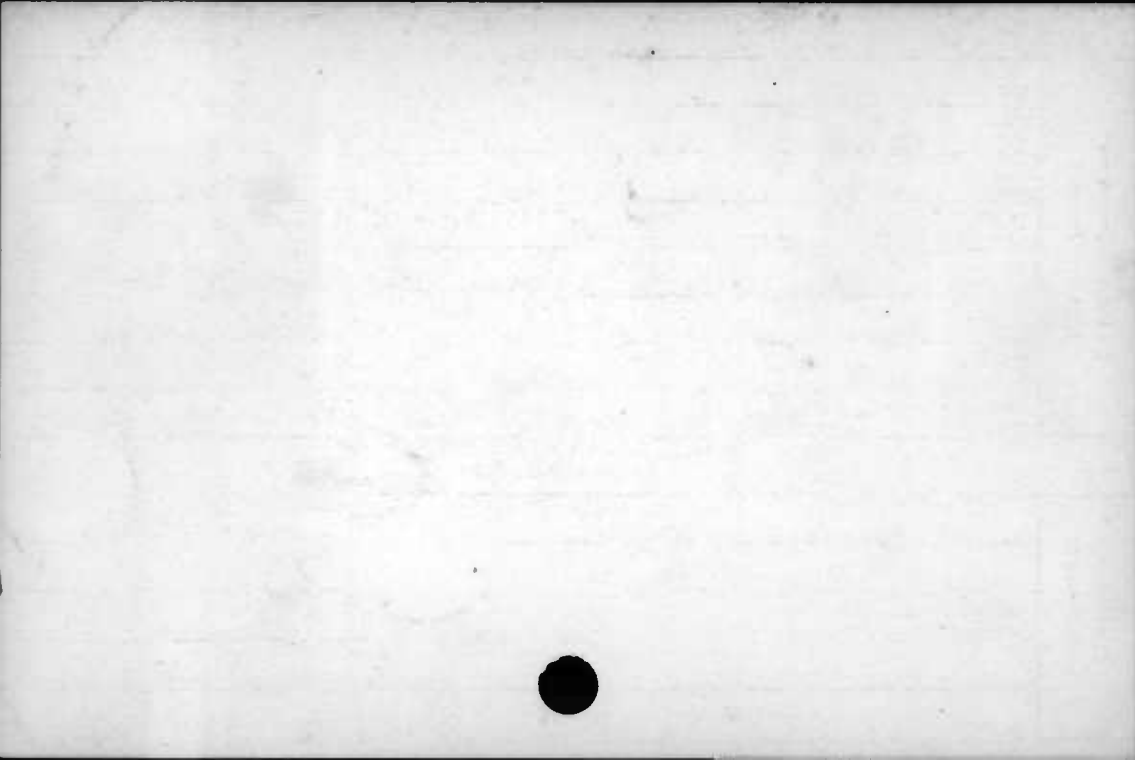
Died at *Cumberland*
Date of death *1907 Nov. 7* Age *11* *14* Months *11* Days *14*
Sex *Male* Color or Race *White* Birth-place *Cumberland Md.*
Occupation *Infant* Where Residing if not at place of death *C*
Married, Single or Widowed *Single* Name of Wife or Husband *C*
Father's Name *Bernard M^cCarty* Father's Birthplace *Maryland*
Mother's Maiden Name *Annie Gross* Mother's Birthplace *W. Va.*
Name of person giving information *Bernard M^cCarty* How related to deceased *Father.*

CAUSES OF DEATH

1037

PHYSICIAN
OR CORONER

Primary *Steo - Colitis* How long *2 Days.*
Immediate *Exhaustion* How long *4 hours*
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *William R. Fagan M.D.*
Address *116 Virginia Ave. Cumberland. Md.*
Accident or Suicide?



Name
in
Full

hus Ellen Mc Kenzie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Allegany ^{State} MARYLAND

Date of death 1907 ^{Month} Nov ^{Day} 23 ^{Age} 49 ^{Years} ^{Months} — ^{Days} 5

Sex Female ^{Color or Race} white ^{Birth-place} Va.

Occupation House-wife ^{Where Residing if not at place of death} —

Married, Single or Widowed married ^{Name of Wife or Husband} Folly Mc Kenzie

Father's Name Wm Crupper ^{Father's Birthplace} Va.

Mother's Maiden Name Anna Crupper ^{Mother's Birthplace} Va.

Name of person giving information Folly Mc Kenzie ^{How related to deceased} Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Typhoid fever ^{How long} 2 wks

Immediate Perforation ^{How long} 12 hrs

Are the name, age, sex, color, date and place correctly given above?

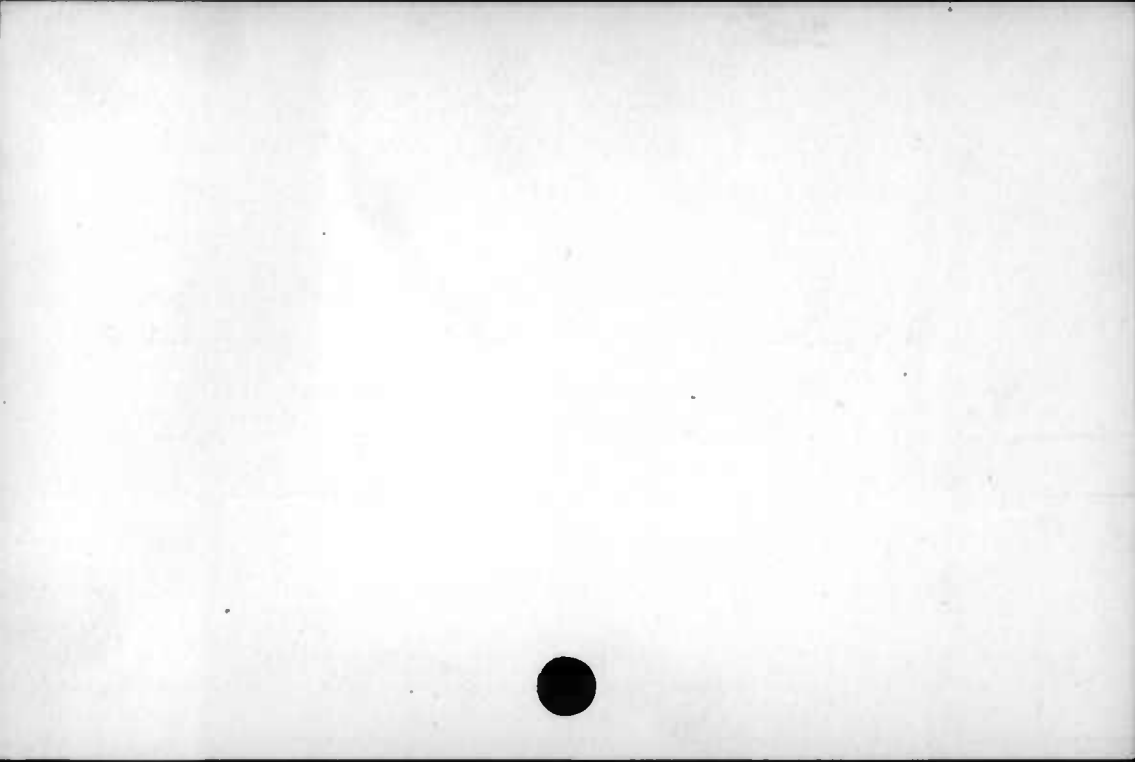
yes

Signature of Physician

Address

E. L. Owens M.D.
Cumberland Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

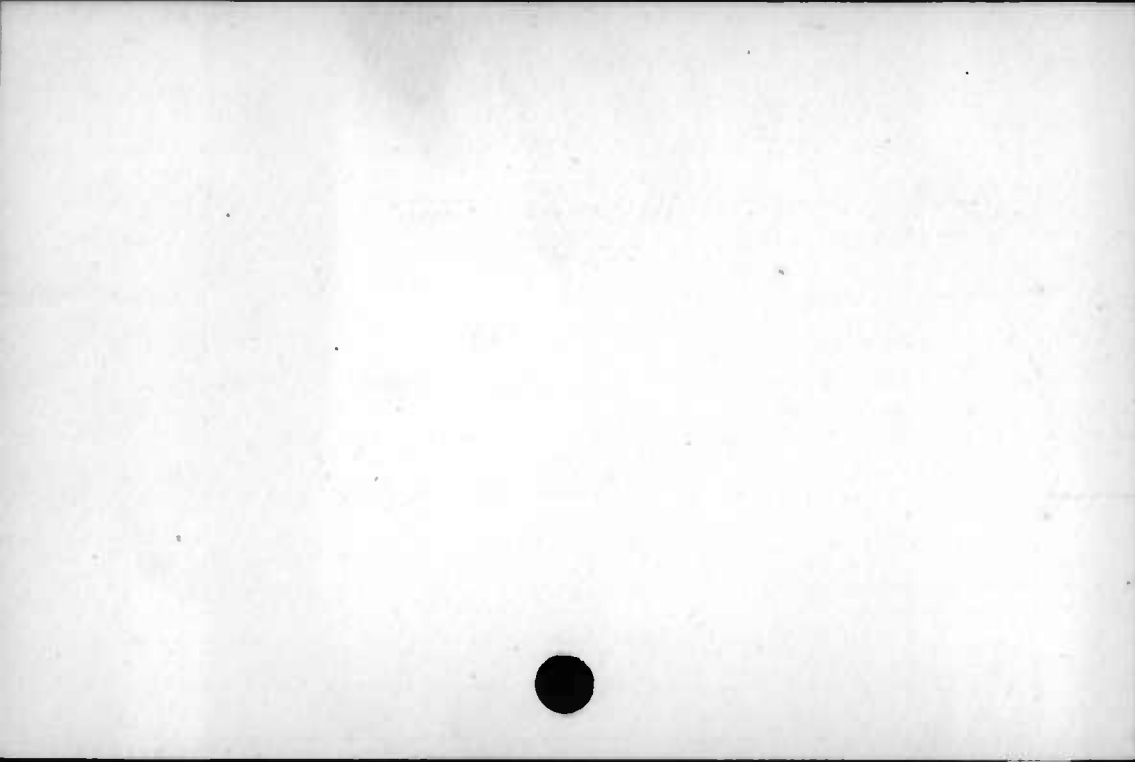
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hayes</u> Town		<u>Alleghany</u> County		MARYLAND	
Date of death	190 <u>7</u> Month <u>Nov.</u>	Day <u>22</u>	Age <u>Years</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Hayes, Md.</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>At place of death</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>				
Father's Name <u>Hanson Miller</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Sally Donnelly</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Hanson Miller</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still - born</u>	How long <u>Before birth</u>
Immediate <u>Still - born Cause unknown</u>	How long <u>Before birth</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. R. Hodges</u>
	Address <u>Cumberland, Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

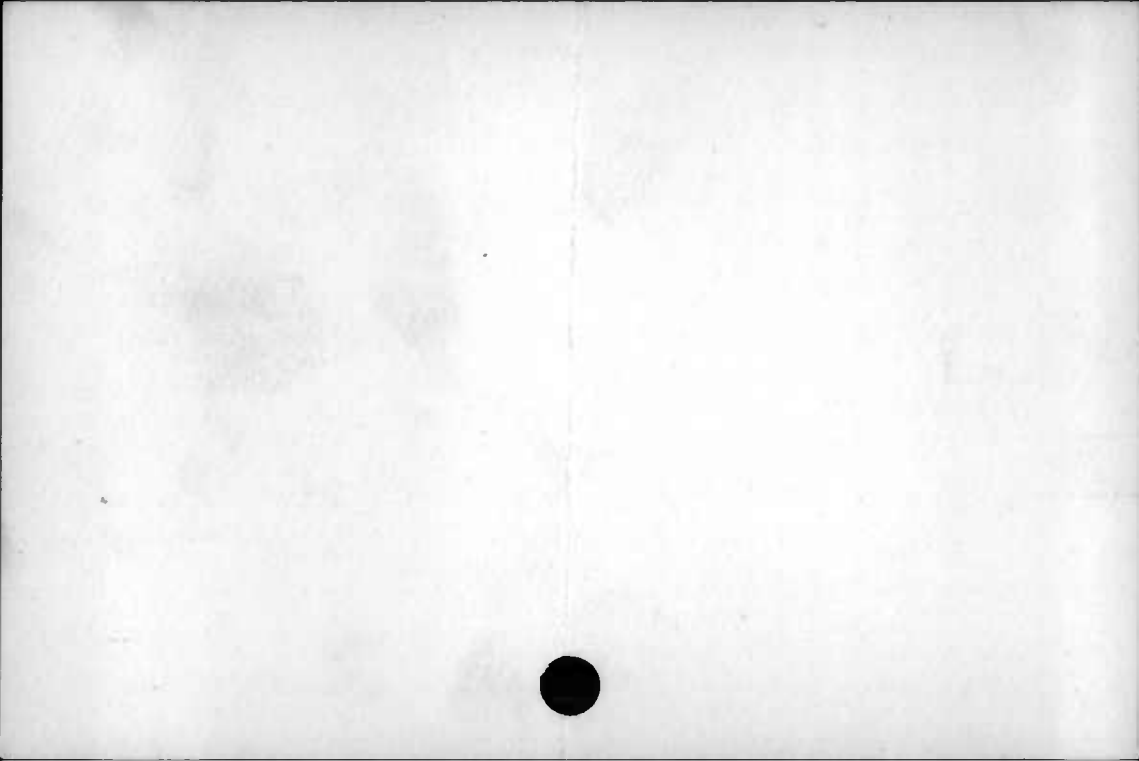
Name in Full <i>Henry Francis Nichols</i>		Town <i>Gilmore</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Gilmore</i>		Month <i>Nov.</i>		Day <i>19</i>		Age <i>21</i>	
Date of death <i>1907</i>		Month <i>Nov.</i>		Day <i>19</i>		Age <i>21</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Longwood</i>		Months <i>—</i>	
Occupation <i>miner</i>		Where Residing if not at place of death <i>Longwood</i>		Months <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Scotland</i>		Mother's Birthplace <i>W^t Savage</i>	
Father's Name <i>James B. Nichols</i>		Mother's Maiden Name <i>Ellen W. Longwood</i>		Name of person giving information <i>My father B. Nichols</i>		How related to deceased <i>mother</i>	

CAUSES OF DEATH

V66

PHYSICIAN
OR CORONER

Primary <i>Mine Accident</i>	How long <i>—</i>
Immediate <i>Killed by fall of roof coal</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Mackay</i>
Address <i>Burnsville</i>	State <i>MA</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

Barbetta Nickel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

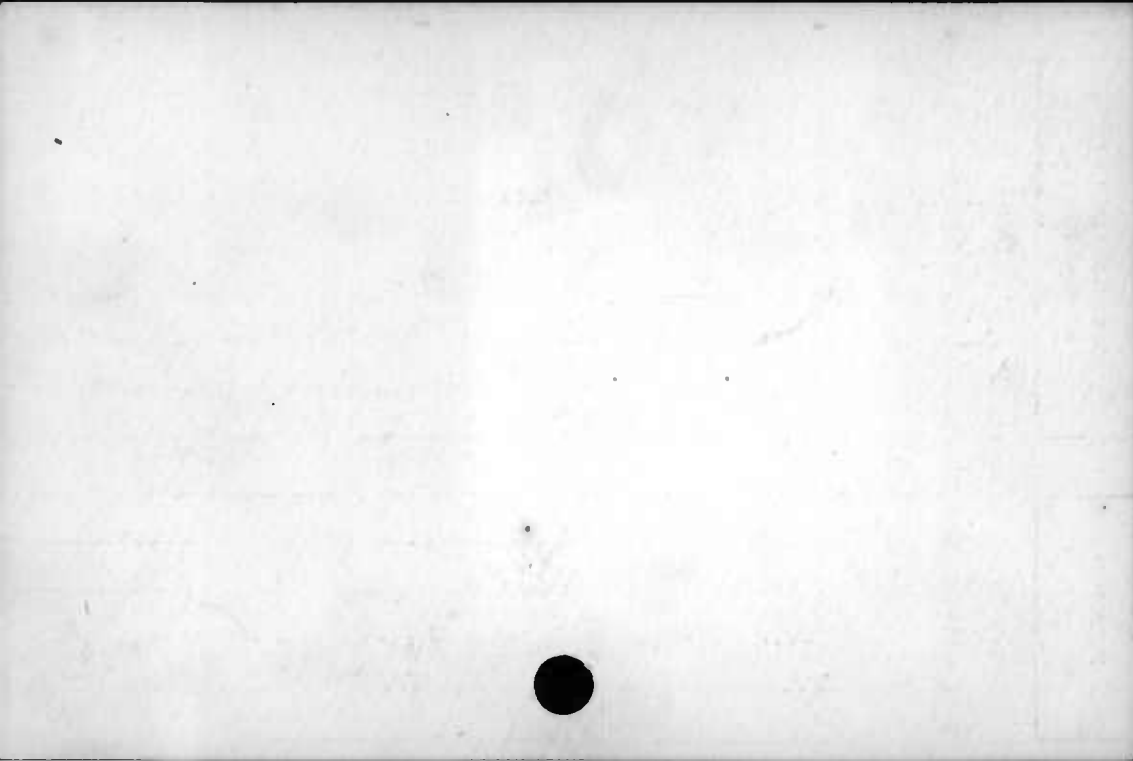
Died at <i>Tanierland</i>		County <i>Gregory</i>		MARYLAND	
Date of death	Month <i>Nov</i>	Day <i>23</i>	Years <i>81</i>	Months <i>6</i>	Days <i>12</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>House Keeper</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Adam</i>				
Father's Name <i>Do not know</i>	Father's Birthplace <i>Do not know</i>				
Mother's Maiden Name <i>Do not know</i>	Mother's Birthplace <i>Do not know</i>				
Name of person giving information <i>George J. Nickel</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Dysuria</i>	How long <i>4 weeks</i>
Immediate <i>General debility</i>	How long <i>many days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. J. J. J.</i>
<i>Stein</i>	Address <i>London Md</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

Bertha E Oliver

CERTIFICATE OF DEATH

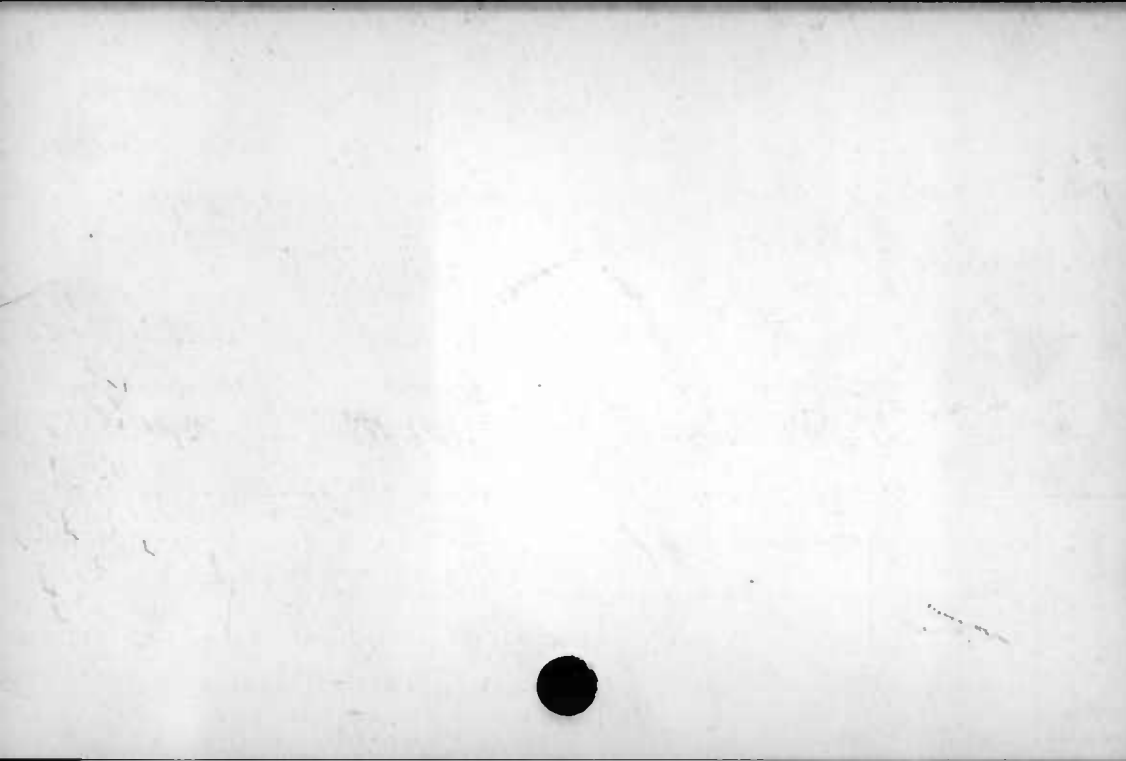
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cimberlane</i>		Town		<i>Accagany</i>		County		MARYLAND				
Date of death	1907	Month	<i>Nov</i>	Day	3	Age	Years	23	Months	5	Days	11
Sex	<i>Female</i>			Color or Race	<i>White</i>			Birth-place	<i>Piedmont W. Va</i>			
Occupation	<i>Seamstress</i>				Where Residing if not at place of death		<i>53 S. Mechanic St</i>					
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband		<i>none</i>						
Father's Name	<i>George Oliver</i>						Father's Birthplace	<i>W. Va</i>				
Mother's Maiden Name	<i>Joda Reed</i>						Mother's Birthplace	<i>Count d Md</i>				
Name of person giving information	<i>Miss Annie Richards</i>						How related to deceased	<i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>		How long	<i>about 3 weeks.</i>	
Immediate	<i>Exhaustion</i>		How long	<i>24 hrs.</i>	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		
<i>yes</i>			<i>J. B. McDonald</i>		
<i>J. Steen</i>			Address		
			<i>Cimberlane Wd</i>		
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Date

of death

1907

Month

Nov

Day

11

Age

Years

Months

Days

6

Sex

Male

Color or
Race

Colored

Birth-
place

Md

Occupation

none

Where Residing if not
at place of death

29 Chas St

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Scott Peck

Father's
Birthplace

West Va

Mother's
Maiden Name

Sadie Washington

Mother's
Birthplace

Md

Name of person giving
In formation

Scott Peck

How related
to deceased

Father

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Obstruction birth

How long

7 1/2 mos

Immediate

deficient circulation

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

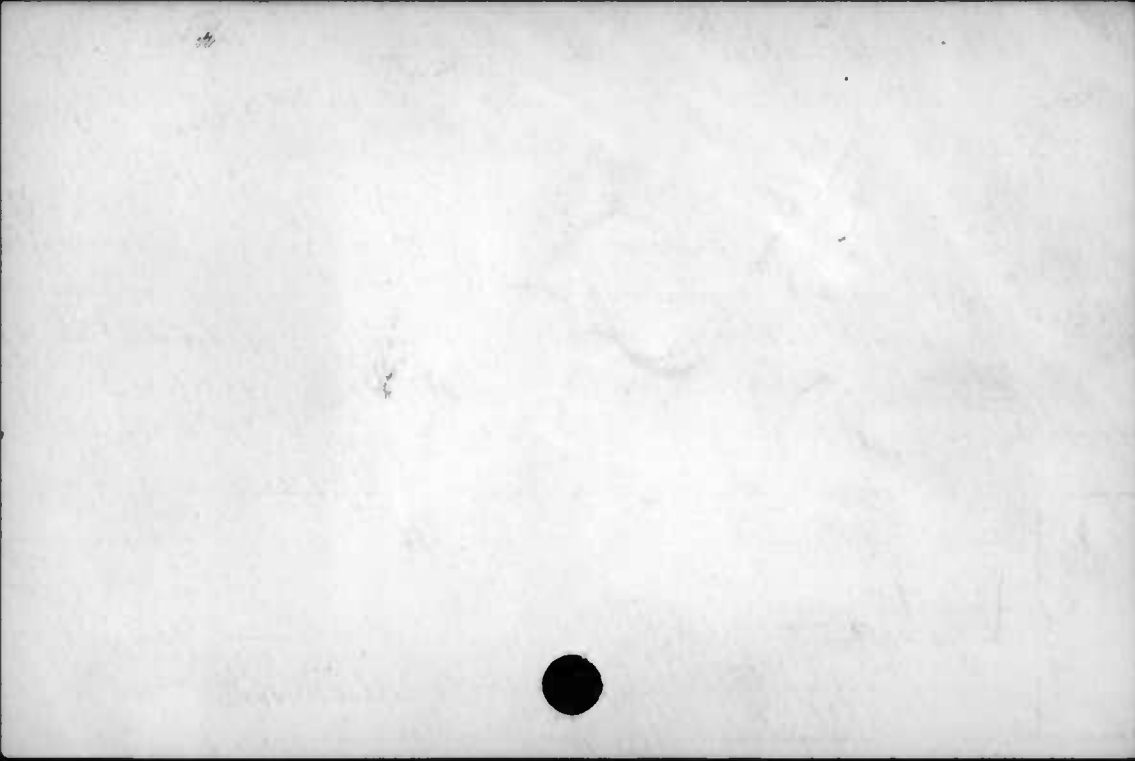
Surgeon General Md

Address

634 Mechanic

Accident or Suicide?

Heart



Name
in
Full

Annie B. Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

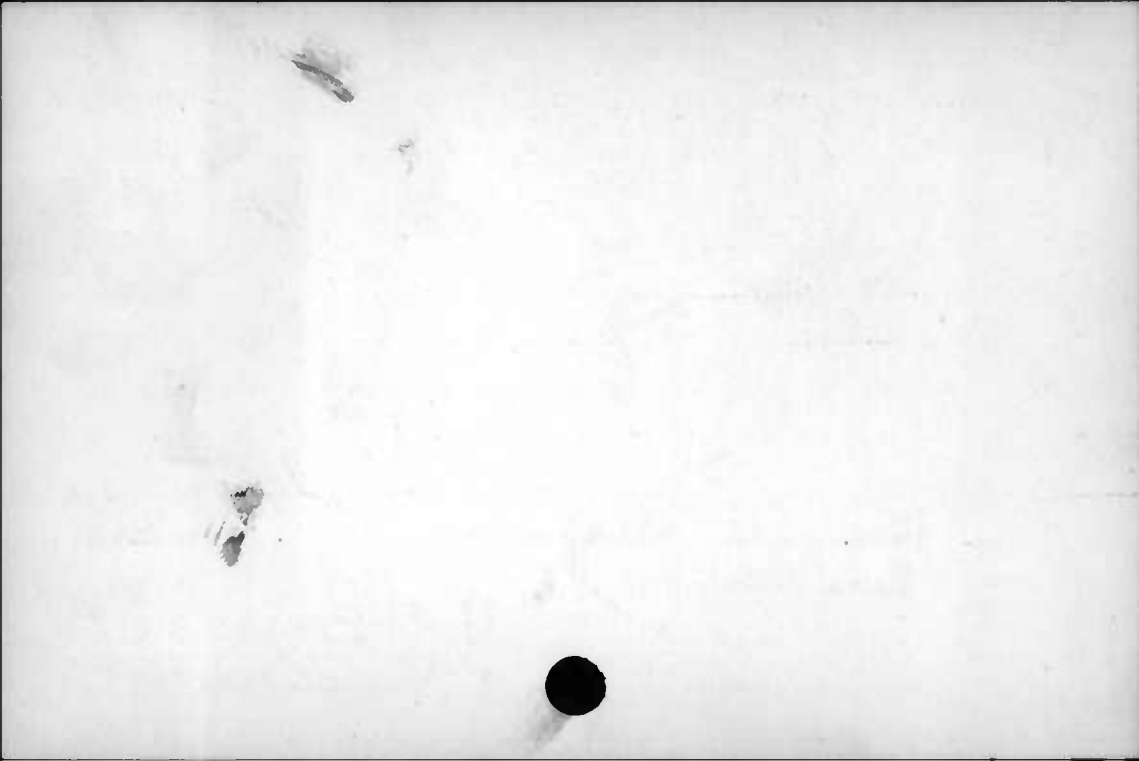
Died at <u>Combed</u> Town		County <u>Accugay</u>		MARYLAND	
Date of death	1907	Month	for	Day	8
Age		Years		Months	Days
11		42		-	
Sex	Female		Color or Race	White	
Occupation	Wife		Birth-place	Va.	
Where Residing if not at place of death			-		
Married, Single or Widowed	married		Name of Wife Husband	Wm. O. Perry.	
Father's Name	Raison Maxley.		Father's Birthplace	Do not know	
Mother's Maiden Name	Mary W. Compton.		Mother's Birthplace	" " "	
Name of person giving information	H. O. Perry.		How related to deceased	Husband.	

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER

Primary	<u>Septic poisoning</u>	How long	<u>3 Weeks.</u>
Immediate	<u>Exhaustion</u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<u>Thos. M. Brown</u>	
<u>Dr. Brown</u>		Address	
<u> </u>		<u>Beachhurst.</u>	
Accident or Suicide?		<u>Yes</u>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

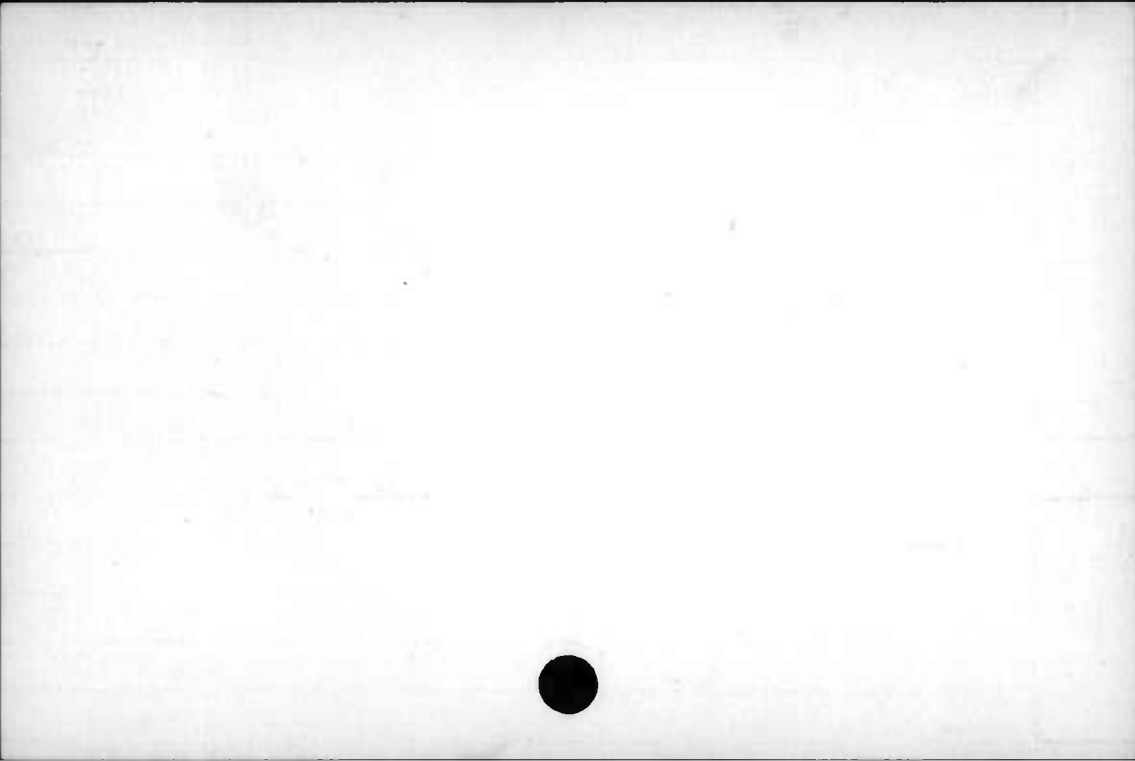
Died <i>John Henderson Perry</i>		Town <i>Timberland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1907	Month	11	Day	12	Age	64
Sex	Male	Color or Race	White	Birth-place	Bridgetown, Va		
Occupation	Locah			Where Residing if not at place of death <i>Timberland</i>			
Married, Single or Widowed	Single		Name of Wife or Husband <i>None</i>				
Father's Name	Charles Perry			Father's Birthplace <i>Timberland</i>			
Mother's Maiden Name	Sarah Henderson			Mother's Birthplace <i>Georgetown</i>			
Name of person giving information	Lucy Perry			How related to deceased <i>Sister</i>			

CAUSES OF DEATH

(120)

Primary	<i>Bright's Disease</i>		How long	<i>sev. mos</i>
Immediate	<i>Pericarditis</i>		How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>		
Signature of Physician		<i>W H Brace Jr D</i>		
Address		<i>Amherst - Md</i>		
Accident or Suicide?				

PHYSICIAN
OR CORONER



Name
in
Full

Perrinton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND		
Date of death		1907	Month Nov	Day 7	Age —	Years —	Months —	Days 4 hrs
Sex male		Color or Race white		Birth- place Cumberland Md				
Occupation —				Where Residing if not at place of death —				
Married, Single or Widowed —				Name of Wife or Husband —				
Father's Name Orpheus B. Perrinton				Father's Birthplace Va				
Mother's Maiden Name Elizabeth Wootman				Mother's Birthplace Pa				
Name of person giving In formation Mr O. B. Perrinton				How related to deceased mother				

CAUSES OF DEATH

11/37

PHYSICIAN
OR CORONER

Primary	Prematurity	How long	8 mos child
Immediate	Exhaustion	How long	4 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		F. L. Owens M.D.	
		Address Cumberland Md	
Accident or Suicide?		—	



Name
in
Full

CERTIFICATE OF DEATH

Edddie Bear

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Throelting* County *Alley*

Date of death *1907* Month *Nov* Day *7* Age *25* Years Months Days

Sex *Fi* Color or Race *w* Birth-place *Throelting Md*

Occupation *none* Where Residing if not at place of death

Married, Single or Widowed ☒ Married Name of Wife or Husband *X*

Father's Name *Geo. Bear* Father's Birthplace *Md*

Mother's Maiden Name *Cinderella Furry* Mother's Birthplace *Md*

Name of person giving information *Geo. Bear* How related to deceased *Father*

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary *Diabetes* How long *Unknown*

Immediate *Diabetic Comma* How long *2 1/2 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *L. Giffels*
Address *Throelting Md*

Accident or Suicide? *9*

Hafer.

Name
in
Full

John N. Rhoman, Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Cumld.* Town *Allegh.* County
Date of death *1907* Month *Nov.* Day *24* Age *4* Years Months *2* Days *—*
Sex *Male* Color or Race *White* Birth-place *Cumld.*
Occupation *none* Where Residing if not at place of death *—*
Married, Single or Widowed *Single* Name of Wife or Husband *None*
Father's Name *John Rhoman* Father's Birthplace *Cumld.*
Mother's Maiden Name *Louisa Robinson Dec.* Mother's Birthplace *Day Know.*
Name of person giving information *John Rhoman* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid fever* How long *5 weeks*
Immediate *Stomach failure* How long *—*
Are the name, age, sex, color, date and place correctly given above? *Yes*
Signature of Physician *W. N. M. M. M.*
Address *Cumld. Md.*
Accident or Suicide? *No*

N. Centre St.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Corissa H. Ring</i>		Town <i>Cumberland</i>		County <i>Alleghany</i>		MARYLAND	
Died at <i>Cumberland</i>		Month <i>Nov.</i>		Day <i>1</i>		Age <i>4</i>	
Date of death <i>1907</i>		Months <i>9</i>		Years <i>4</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Cumbrd. Md.</i>			
Occupation <i>Child</i>		Where Residing if not at place of death <i>At place of death.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John Ring</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Anna Whitman</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Mrs. E. J. Neal</i>		How related to deceased <i>Aunt</i>					

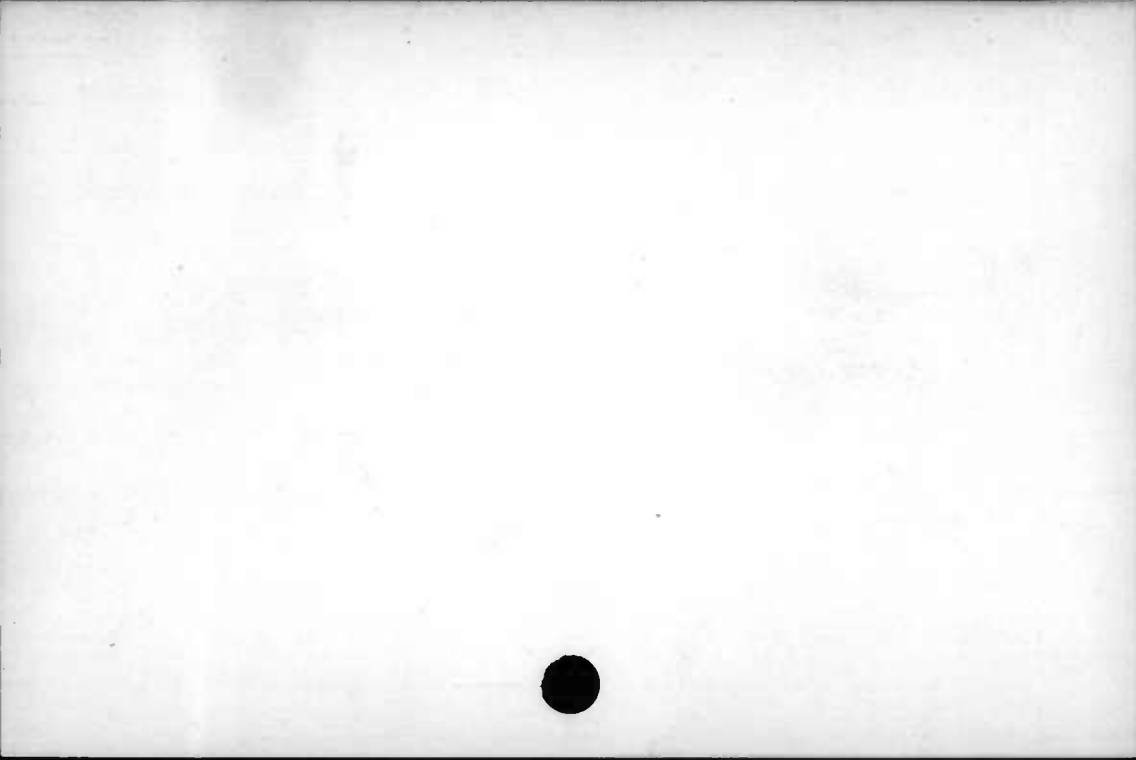
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>3 days</i>
Immediate	<i>Asphyxia</i>	How long	<i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>William R. Ford M.D.</i>	
		Address <i>116 Virginia Ave Cumberland.</i>	
Accident or Suicide? <i>—</i>			



Name in Full		Wilbur Rovenscroft				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		21 st Bridge		allgheny		MARYLAND	
	Date of death		1907	Month Nov	Day 15	Age 20	Months	Days
	Sex		male		Color or Race white		Birth-place	
	Occupation		Laborer		Where Residing if not at place of death			
	Married, Single or Widowed		Single		Name of Wife or Husband			
	Father's Name		C. W. Rovenscroft				Father's Birthplace Mineral Co Mo	
	Mother's Maiden Name		Susan Doyton				Mother's Birthplace	
	Name of person giving information		E. Hoffmann				How related to deceased	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Typhoid fever				How long	3 weeks
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. Hoffmann	
					Address		Kippen	
Accident or Suicide?								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

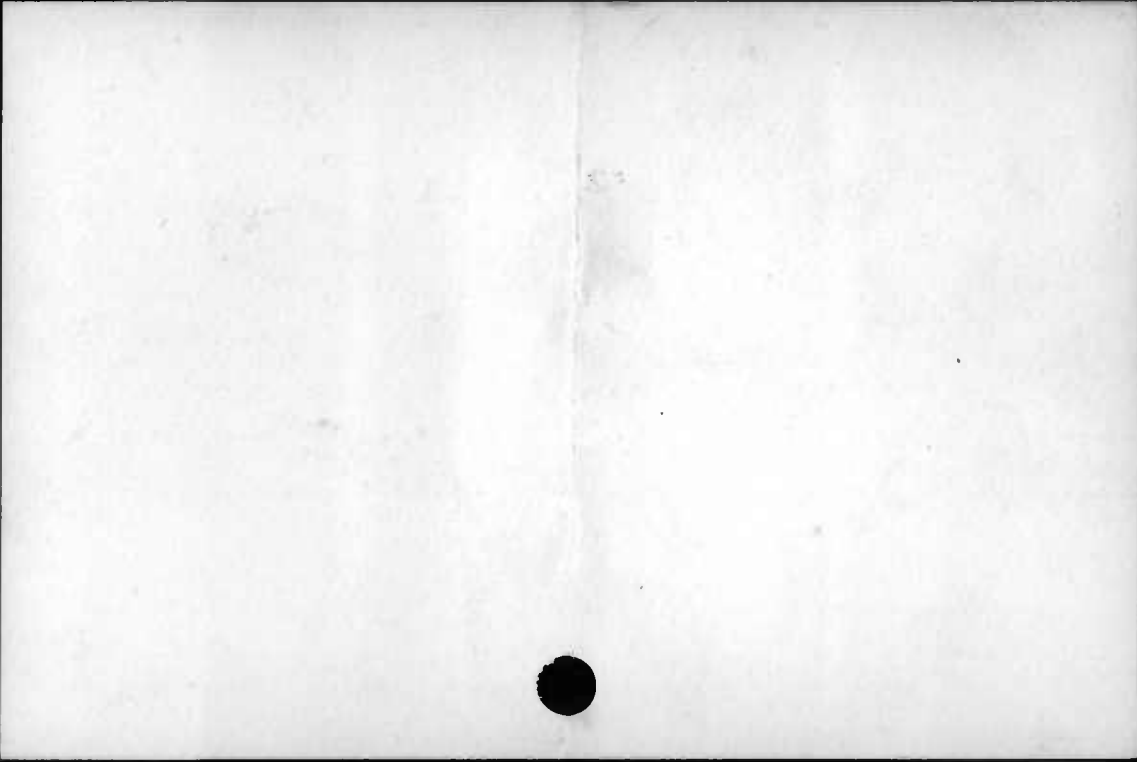
Name in Full <i>James Seggie</i>		Town <i>Lineburg</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Lineburg</i>		Month <i>Nov</i>		Day <i>19</i>		Age Years <i>28</i> Months <i>—</i> Days <i>—</i>	
Date of death <i>1907</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Scottdale</i>	
Occupation <i>Miner</i>				Where Residing if not at place of death <i>Scottdale</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Nichols</i>					
Father's Name <i>John Seggie</i>				Father's Birthplace <i>Scotland</i>			
Mother's Maiden Name <i>Elizabeth Lindsey</i>				Mother's Birthplace <i>Scotland</i>			
Name of person giving information <i>James Seggie</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Mine Accident</i>		How long <i>166</i>	
Immediate <i>Killed by fall of roof Coal gas</i>		How long <i>less 2 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J H Mack</i>	
Address <i>Summit</i>		Address <i>Summit</i>	
Accident or Suicide? <i>Accident</i>		Address <i>MA</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Adam Seibert</i>		Town <i>North Branch</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>North Branch</i>		Date of death <i>1907</i>		Age <i>73</i>		Months <i>5</i>	
Month <i>Nov</i>		Day <i>20</i>		Years <i>73</i>		Days <i>18</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaret</i>					
Father's Name <i>Wm A Seibert</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>Do not know</i>					
Name of person giving information <i>Lewis Seibert</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Valvular disease of heart</i>		How long <i>6 months</i>	
Immediate <i>-</i>		How long <i>-</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. W. W. W. W.</i>	
<i>Seibert</i>		Address <i>Do not know</i>	
Accident or Suicide? <i>-</i>			

78 = 5.18

11111



Name
in
Full

Nancy C. Shaw

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Moscow</u> <small>Town</small>		<u>Allegany</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month	<u>Nov</u>	Day	<u>9</u>
Age		<u>79</u>	Years	<u>3</u>	Months
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Allegany Co.</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband <u>John Shaw deceased</u>			
Father's Name	<u>George T. Michaels</u>		Father's Birthplace <u>Soudan Co. Va</u>		
Mother's Maiden Name	<u>Catherine Broadwater</u>		Mother's Birthplace <u>Garrett Co. Md.</u>		
Name of person giving information	<u>John Shaw</u>		How related to deceased <u>Son</u>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>valvular disease of heart</u>	How long	<u>several years</u>
Immediate	<u>Uremia</u>	How long	<u>4 months</u>

Are the name, age, sex, color, date and place correctly given above?

Yes

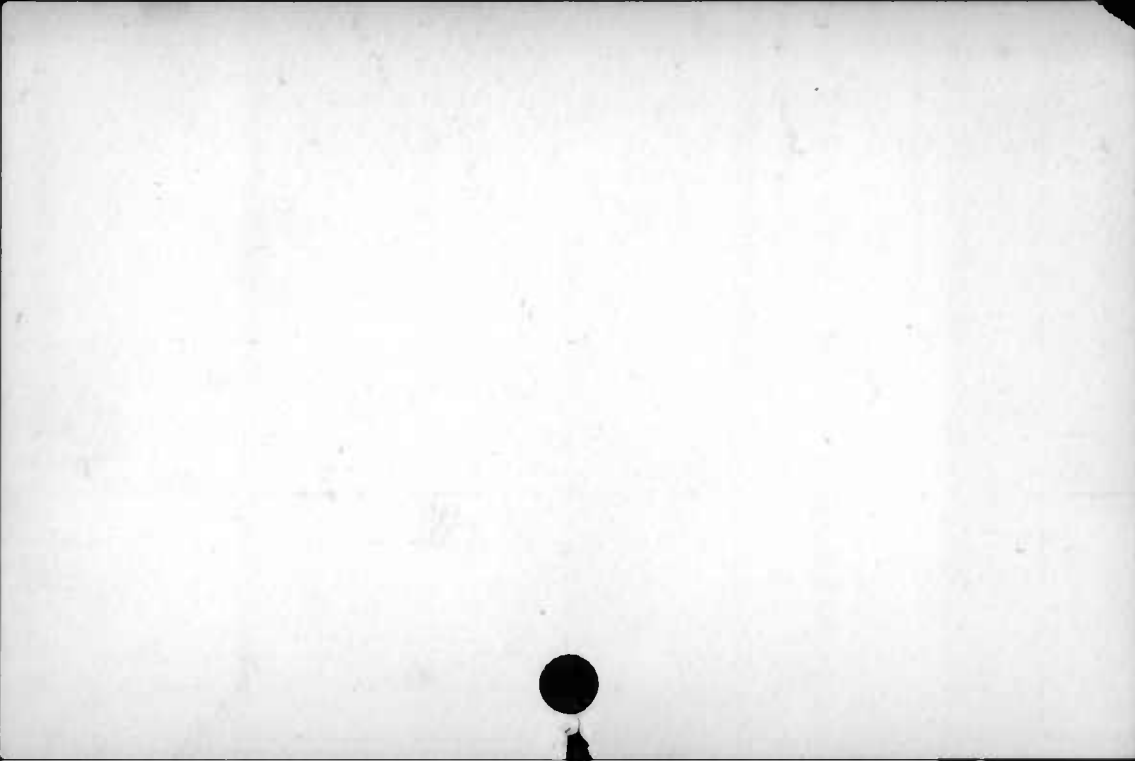
Signature of Physician

Address

James C. Bullock
Smearing Maryland

Accident or Suicide?

no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

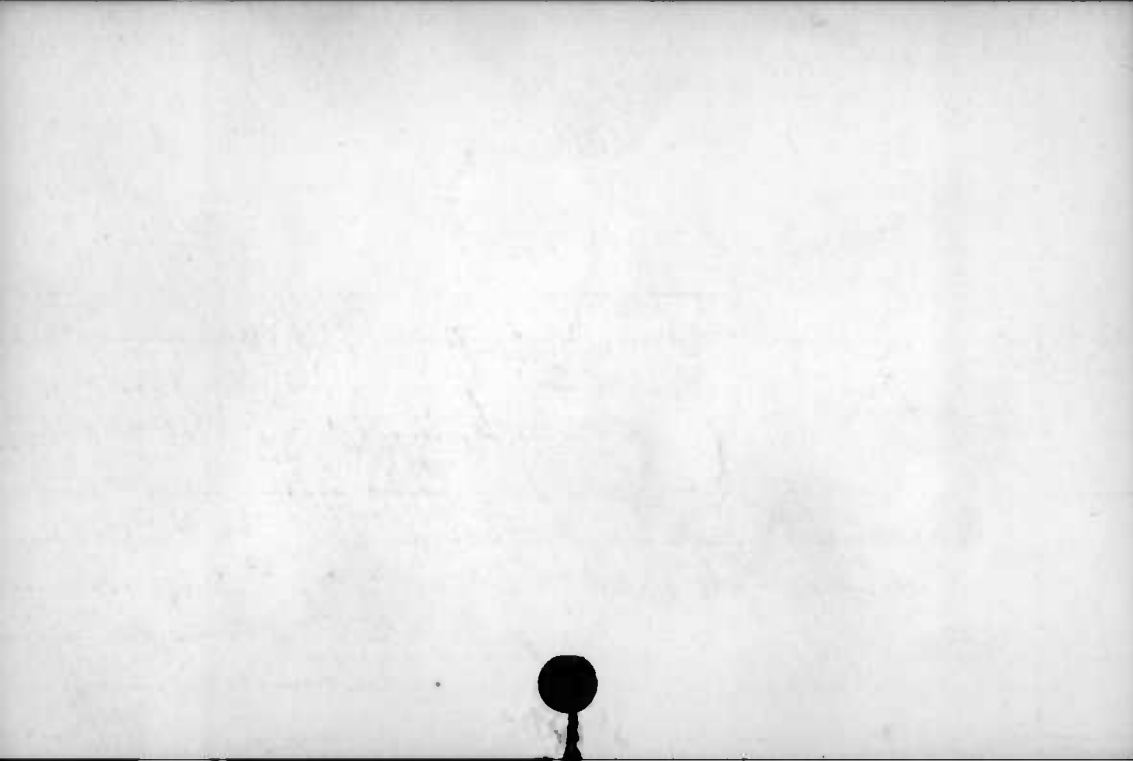
Died at		Town <i>Allegheny</i>		County <i>Allegheny</i>		MARYLAND	
Date of death		Month <i>1</i>	Day <i>13</i>	Age Years —		Months <i>1</i>	Days <i>9</i>
Sex <i>M.</i>		Color or Race <i>W.</i>		Birth-place <i>Md.</i>			
Occupation <i>None</i>				Where Residing if not at place of death —			
Married, Single or Widowed		Name of Wife or Husband <i>Ches</i>					
Father's Name <i>George C. Shuckhart</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Annie Bowes</i>		Mother's Birthplace <i>Penna</i>					
Name of person giving information <i>G. N. Shuckhart</i>		How related to deceased <i>Grand-father</i>					

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	<i>Capillary Bronchitis</i>	How long <i>4 Days</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. H. O. Lane</i>
		Address <i>Frostburg Md.</i>
Accident or Suicide? <i>9</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry W Smith

Town

County

MARYLAND

Died at

Cumberd

Date

Month

Day

Years

Months

Days

of death 1907

Nov

26

Age

67

7

13

Sex

Male

Color or
Race

White

Birth-
place

Baltimore Md

Occupation

Black Smith

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Jennie

Father's
Name

Dont Know

Father's
Birthplace

Germany

Mother's
Maiden Name

Dont Know

Mother's
Birthplace

Germany

Name of person giving
In formation

Mrs Jennie Smith

How related
to deceased

Wife

CAUSES OF DEATH

197

PHYSICIAN
OR CORONER

Primary

Chronic Bronchial asthma

How long

40 yrs

Immediate

Exhaustion, Collapse

How long

12 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. H. Brace m D

Address

Cumberd
Md

Accident or Suicide?

11111111

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

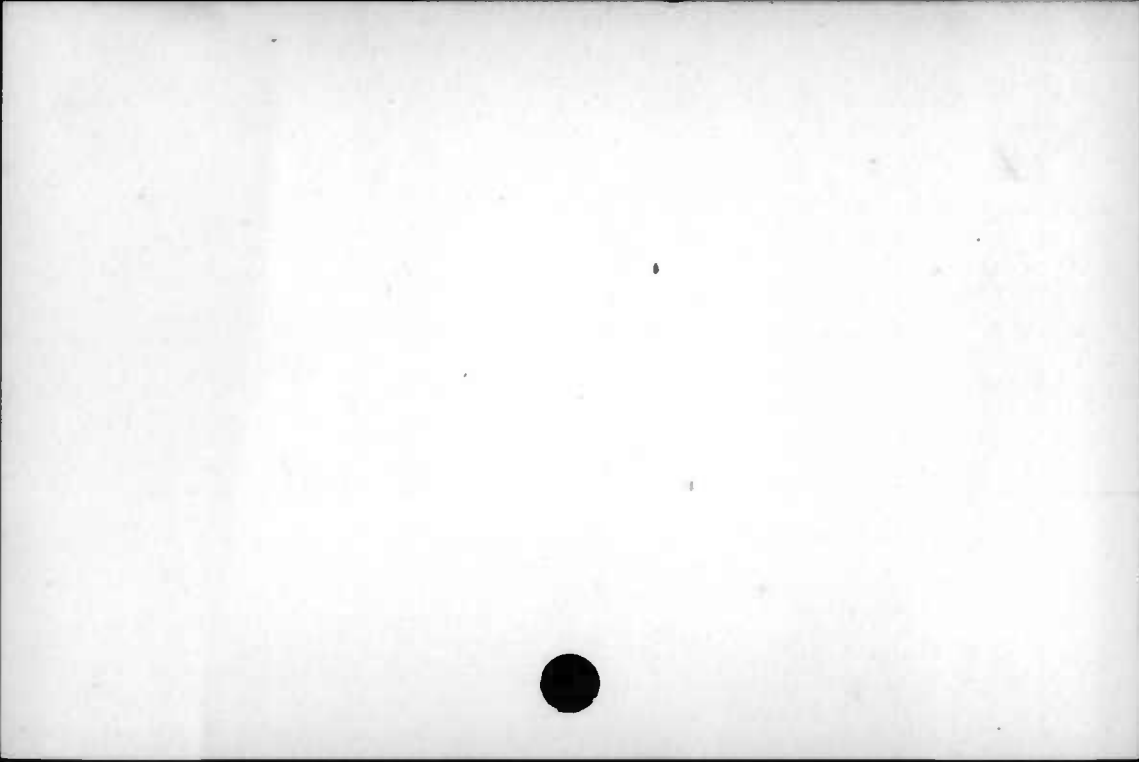
Name in Full <i>John D. Smith</i>		Town <i>Lanearning</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Lanearning</i>		Month <i>Nov.</i>		Day <i>16</i>		Age <i>66</i>	
Date of death <i>1907</i>		Months <i>10</i>		Days <i>14</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Ireland</i>			
Occupation <i>Miner</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Margaret Jane Carr</i>					
Father's Name <i>Samuel Smith</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Jane Porter</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Mrs John Smith</i>		How related to deceased <i>wife</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>7 days -</i>
Immediate <i>Heart Failure</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James C. Bullerkes</i>
	Address <i>Lanearning Maryland</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Cumberland</u> Town		County			
Date of death <u>1907</u>	Month <u>Nov.</u>	Day <u>8</u>	Age <u> </u> Years	Months <u> </u>	Days <u>13</u>
Sex <u>Female</u>	Color or Race <u> </u>		Birth place <u> </u>		
Occupation <u> </u>		Where Residing if not at place of death <u> </u>			
Married, Single or Widowed <u> </u>		Name of Wife or Husband <u> </u>			
Father's Name <u>Thomas Smith</u>		Father's Birthplace <u>Pa</u>			
Mother's Maiden Name <u>Lydia Green</u>		Mother's Birthplace <u>Pa</u>			
Name of person giving information <u> </u>		How related to deceased <u> </u>			

CAUSES OF DEATH

(150)

PHYSICIAN
OR CORONER

Primary	<u>Cardiac insufficiency (congestive)</u>	How long <u> </u>
Immediate	<u>Exhaustion</u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W. L. Broadwater</u>
Accident or Suicide? <u>No</u>		Address <u>Cumberland, Md.</u>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Midland</i> Town		<i>Stevens</i> County		MARYLAND	
Date of death 190	Month <i>November</i>	Day <i>18</i>	Age <i>28</i>	Months <i>11</i>	Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Allegheny Minn</i>		
Occupation <i>Miner</i>	Where Residing if not at place of death <i>Allegheny Minn</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Martha</i>				
Father's Name <i>James Stevens</i>	Father's Birthplace <i>Allegheny Minn</i>				
Mother's Maiden Name <i>Mary Ann</i>	Mother's Birthplace <i>Allegheny Minn</i>				
Name of person giving information <i>Geo. Stevens</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

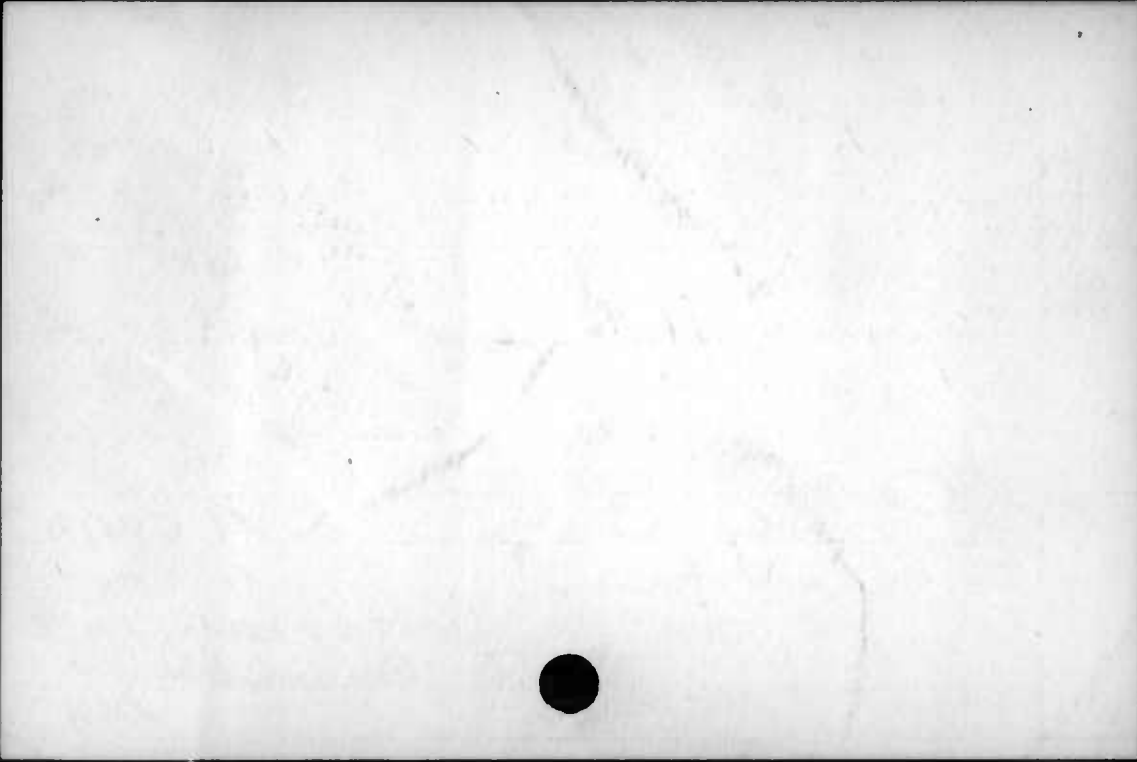
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

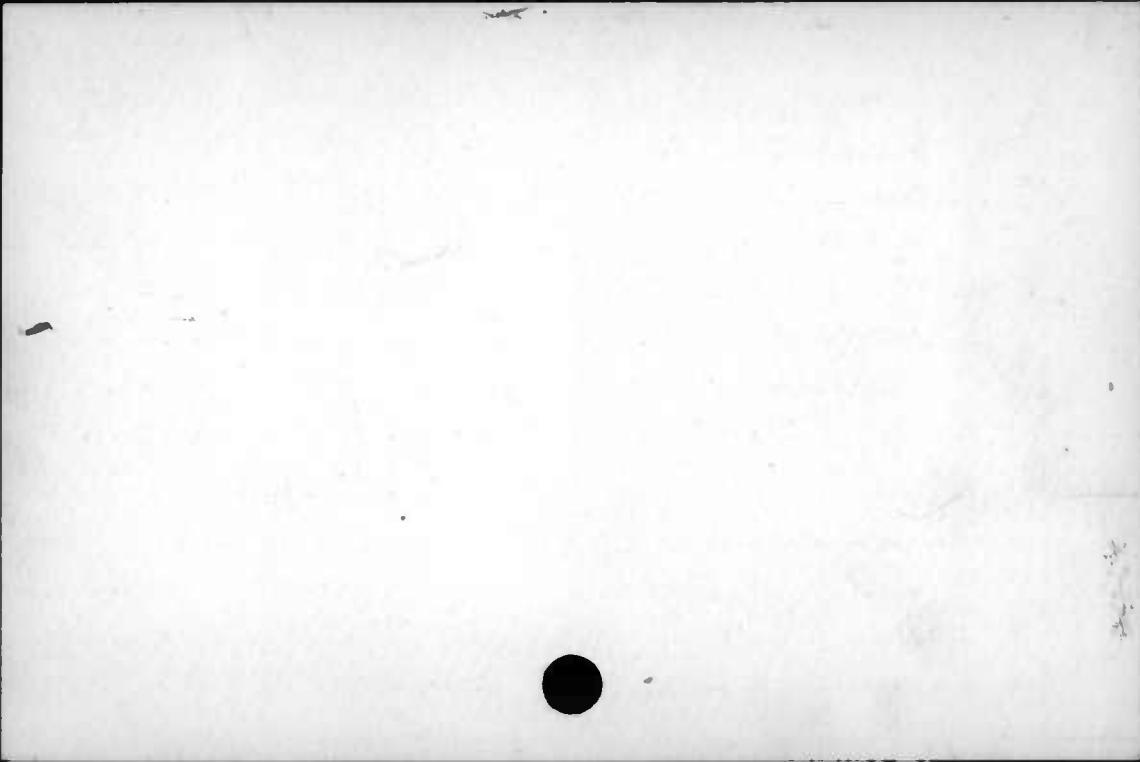
Name <i>David Strong</i>		Town <i>Crutcher</i>		County <i>Allegheny</i>		MARYLAND	
Died at		Month <i>Nov</i>		Day <i>6</i>		Years <i>67</i>	
Date of death <i>1907</i>		Month <i>Nov</i>		Day <i>6</i>		Age <i>67</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>			
Occupation <i>Drayman</i>		Where Residing if not at place of death <i>West Md Hosp</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Mary Strong</i>					
Father's Name <i>Joseph M Strong</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Anna Valentine</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Joseph M Strong</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>9 days</i>
Immediate <i>Exhaustion</i>	How long <i>9 "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W H Brauer M D</i>
	Address <i>Amesbury Md</i>
Accident or Suicide? <i>9</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant Taylor

Died at Crumba Town Arcego County

MARYLAND

Date of death 1907 Nov Month 6 Day Age — Years Months — Days

Sex Female Color or Race White Birth-place Crumba

Occupation none Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name John P Taylor Father's Birthplace Crumba

Mother's Maiden Name Stella Gregory Mother's Birthplace W. Va.

Name of person giving information John P. Taylor How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Still Born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

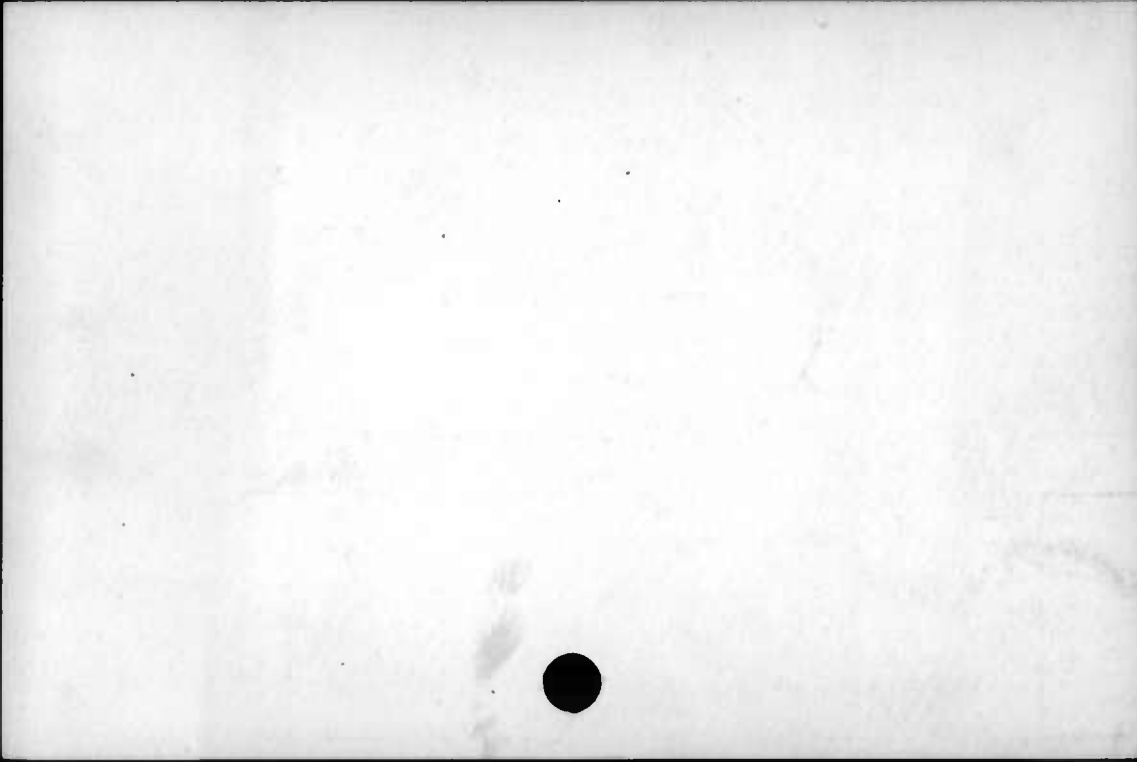
Thos. H. Foaw

Address

Dr. Chambersburg

Accident or Suicide?

Stefanired



Name
in
Full

Clarence Robert Zwigg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

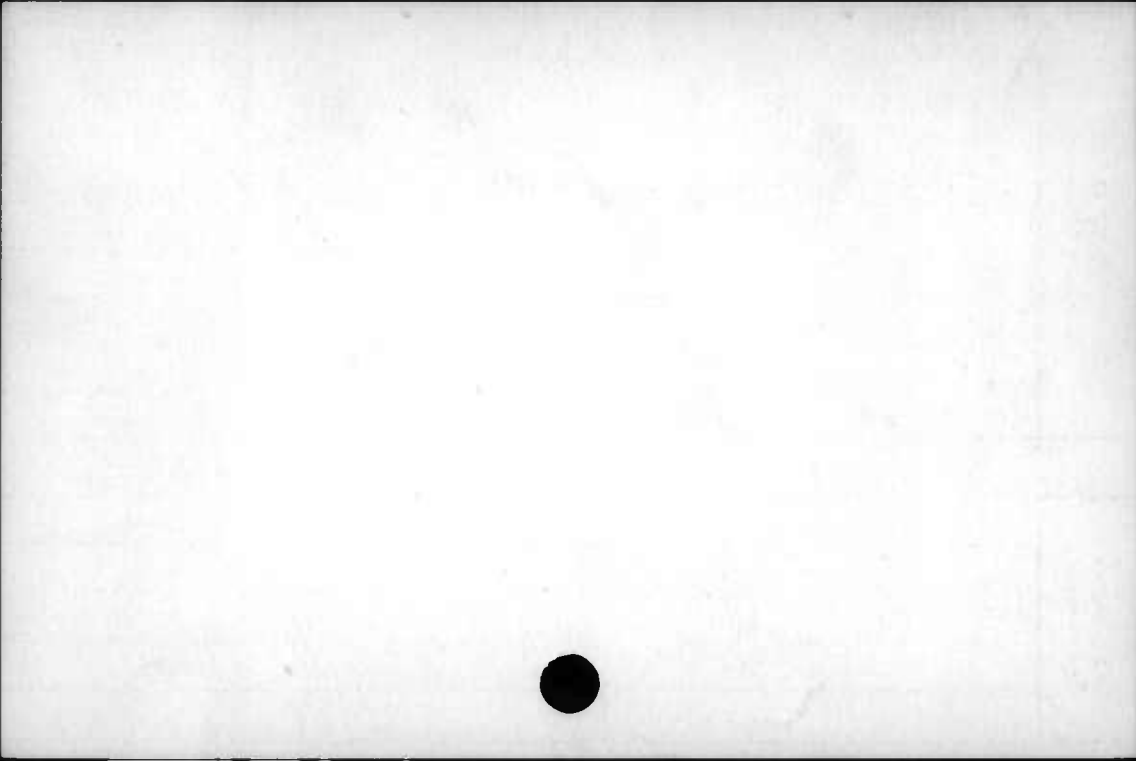
Died at <u>Cumberland</u> Town		<u>Twigg</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Nov</u>	Day <u>17</u>	Age <u>—</u>	Months <u>—</u>	Days <u>24</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Norman B Zwigg</u>			Father's Birthplace <u>W Va</u>		
Mother's Maiden Name <u>Sallie Hansen</u>			Mother's Birthplace <u>W Va</u>		
Name of person giving information <u>Mother</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

93

Primary	<u>Pneumonia</u>	How long <u>1 week</u>
Immediate	<u>Aspiration</u>	How long <u>1 hr</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>E. L. Broadway</u>
		Address <u>Cumberland</u>
Accident or Suicide? <u>No</u>		<u>9806</u>

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death <i>1907 Nov.</i>		Day <i>10</i>		Age <i>1</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birthplace <i>Cumberland Md.</i>	
Occupation <i>Infant</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>-</i>		Name of Wife or Husband			
Father's Name <i>A. H. Veards</i>		Father's Birthplace <i>Va.</i>			
Mother's Maiden Name <i>Annie Gray</i>		Mother's Birthplace <i>Va.</i>			
Name of person giving information <i>A. H. Veards</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Broncho-pneumonia</i>	How long <i>2 days.</i>
Immediate <i>Asphyxia</i>	How long <i>2 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>William R. Foard M.D.</i>
	Address <i>116 Virginia Ave Cumberland Md.</i>
Accident or Suicide?	



Name
in
Full ☒

Stadys Wagus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

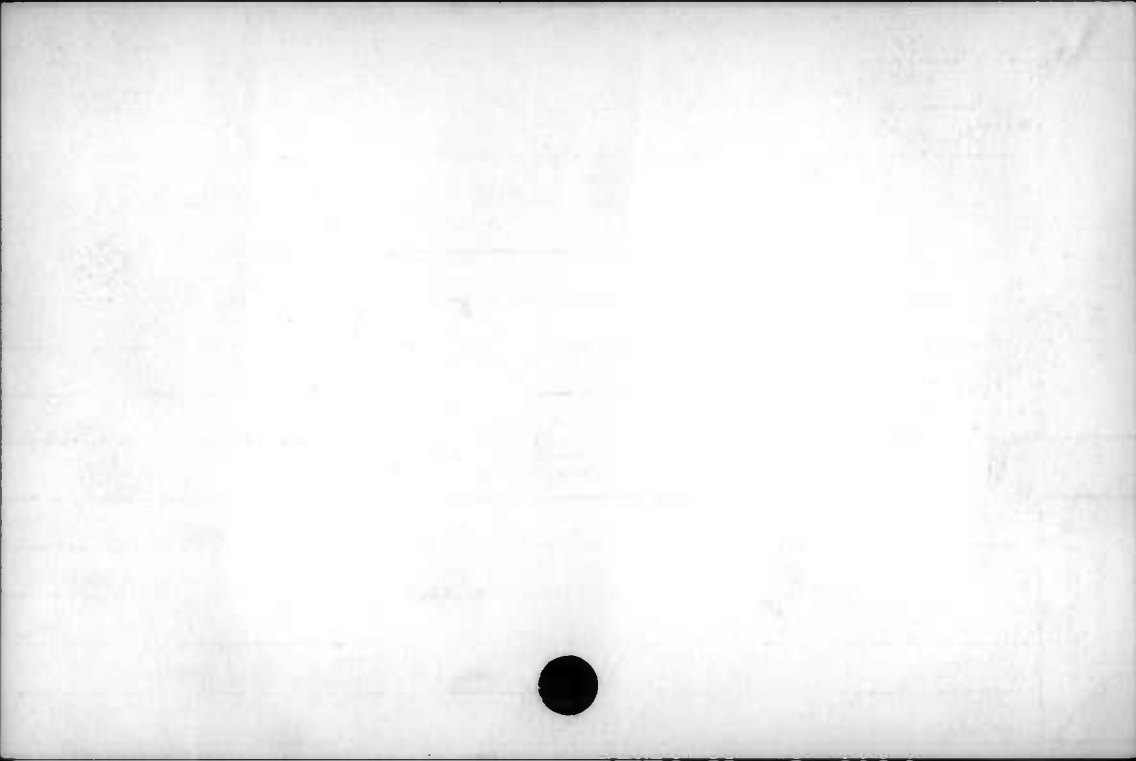
Died at <u>Blair Ave</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death <u>1907</u>	Month <u>11</u>	Day <u>27</u>	Age <u>1</u>	Months <u>3</u>	Days <u>3</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Blair Ave</u>		
Occupation <u>no</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband			
Father's Name <u>Raymond Wagus</u>		Father's Birthplace			
Mother's Maiden Name <u>Clara Filer</u>		Mother's Birthplace <u>Blair Ave</u>			
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary <u>Syphilis</u>	How long <u>during life</u>
Immediate <u>Syphilis Convulsions</u>	How long <u>4 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>D. J. Chymes</u>
<u>J</u>	Address <u>Middlebrian Ind.</u>
	Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

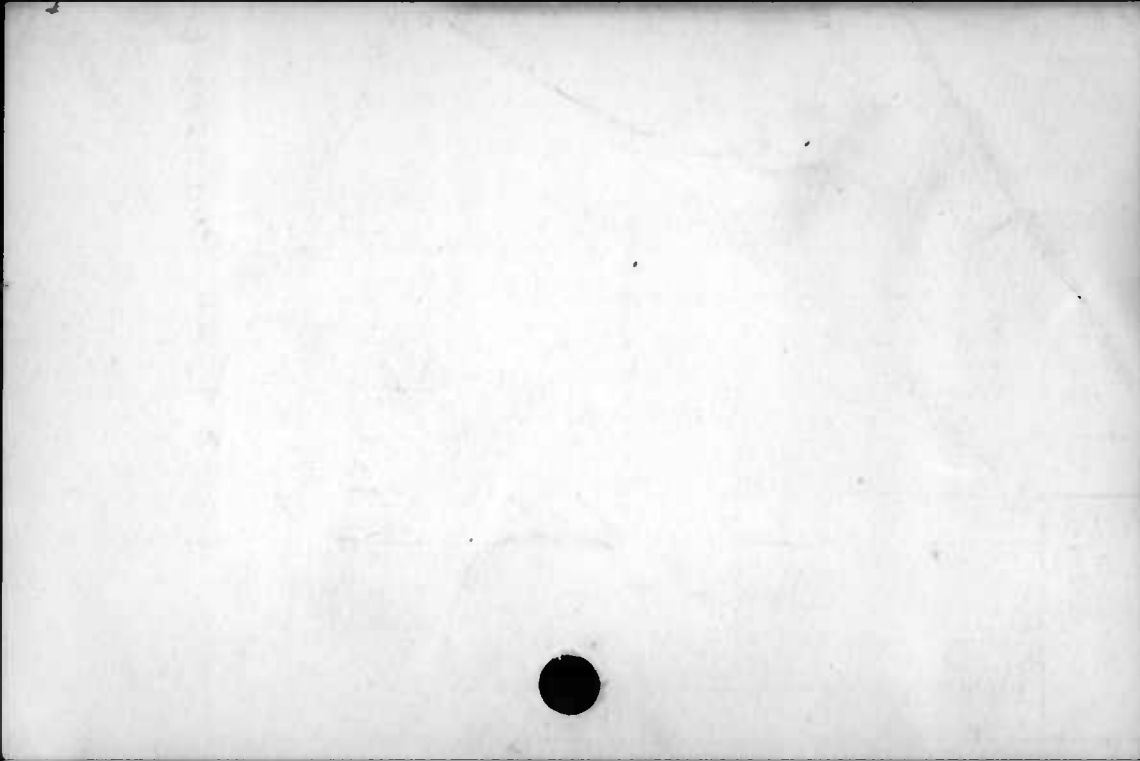
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Vicklaus Webber</i>		Town <i>Cumtland</i>		County <i>Allegheny</i>		MARYLAND	
Died at <i>Cumtland</i>		Month <i>Nov</i>		Day <i>18</i>		Years <i>74</i>	
Date of death <i>1907</i>		Month <i>Nov</i>		Day <i>18</i>		Age <i>74</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth place <i>Germany</i>		Months <i>11</i>	
Occupation <i>Fanner</i>		Where Residing if not at place of death <i>Mapleside</i>		Years <i>12</i>		Days <i>12</i>	
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Catherine</i>		Father's Name <i>Do not know</i>		Father's Birthplace <i>Don't know</i>	
Mother's Maiden Name <i>Do not know</i>		Mother's Birthplace <i>" "</i>		How related to deceased <i>Son</i>		Name of person giving information <i>Joseph Webber</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pathic Pulmoner</i>		How long <i>about one year</i>	
Immediate <i>Exhaustion</i>		How long <i>many weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>J. J. J. J. J.</i>	
Address <i>St. Louis</i>		Accident or Suicide? <i>No</i>	



Name
in
Full

W. R. Wilgar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Burnt a* County *Accugay* MARYLAND

Died at *Burnt a*

Date of death | 907 | Month *Nov* | Day *6* | Age *26* | Years *26* | Months *-* | Days *3*

Sex *male* Color or Race *White* Birth-place *Cook's Mill Pa*

Occupation *Machinist* Where Residing if not at place of death *Ellettsville Ind*

Married, Single or Widowed *Single* Name of Wife or Husband *- none -*

Father's Name *L. F. Wilgar* Father's Birthplace *Ind*

Mother's Maiden Name *Lettie Miller* Mother's Birthplace *Ind. Va*

Name of person giving information *L. F. Wilgar* How related to deceased *Father*

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary *Obstruction of bowels* How long *3 days*

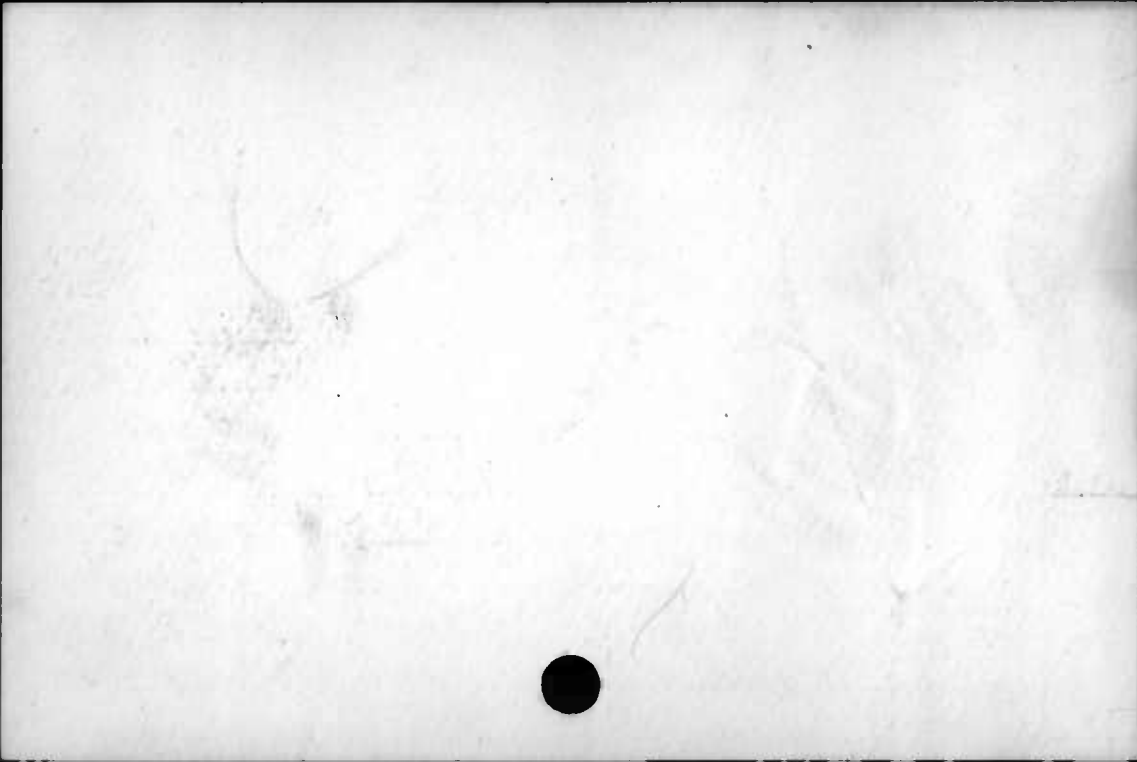
Immediate *Collapsu* How long *2 "*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. M. Speer* Address *Ellettsville Ind*

Tom's Stein

Accident or Suicide? *md*



Name

is Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland Md</i>		County <i>Allegany Co.</i>		MARYLAND	
Date of death	1907	Month	11	Day	17
Age	84	Years		Months	
Sex	Male	Color or Race	White	Birth place	Flintstone
Occupation	Gentleman	Where Residing if not at place of death <i>Cumberland.</i>			
Married, Single or Widowed	Widowed	Name of Wife or Husband <i>Amanda Bryan.</i>			
Father's Name	<i>Jasper Willison.</i>			Father's Birthplace	<i>Murley Branch</i>
Mother's Maiden Name	<i>Amanda Bryan.</i>			Mother's Birthplace	<i>Mansfield, O.</i>
Name of person giving information	<i>Jasper N. Willison</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

1374

PHYSICIAN
OR CORONER

Primary	<i>Senile decay</i>	How long	<i>—</i>
Immediate	<i>Senile Bronchitis</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>James J. Johnson M.D.</i>
		Address	<i>Cumberland, Md.</i>
Accident or Suicide?	<i>8</i>		

769, a 2

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Leatrice S. Wright*

Town *Cumberland* County *allergany* MARYLAND

Died at *Cumberland*

Date of death *1907* Month *11* Day *8* Age *48* Year *1907* Months *3* Days *10*

Sex *Female* Color or Race *White* Birth-place *Shadesboro, N.C.*

Occupation *carpenter* Where Residing if not at place of death *Cumberland*

Married, Single or Widowed *Married* Name of Wife or Husband

Father's Name *John H. Wright* Father's Birthplace *Germany*

Mother's Maiden Name *Mary E. Falk* Mother's Birthplace *Ind.*

Name of person giving information *James H. Wright* How related to deceased *13 Brother*

Small abscess on left thumb - almost healed when septic infection arose.

CAUSES OF DEATH

20

PHYSICIAN
OR CORONER

Primary *Septicemia* How long *3 weeks*

Immediate *Septicemia* How long *3 weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. B. Claybrook*

Address *Cumberland Ind.*

Accident or Suicide? *Accident*

